

Living Super Power of Attorney details form



About this form

Use this form to lodge a Power of Attorney with Diversa Trustees Limited as the trustee of Living Super, a sub-plan of OneSuper (Diversa) and to let us know of an attorney's details. If you wish to lodge a Power of Attorney with ING for your ING account/s, you will need to complete a separate "Power of Attorney details" form available from the ING website.

Please note: Attorneys can only manage transactions (whether financial or non-financial) by calling 133 464 or writing to Living Super, Reply Paid 93910, Melbourne VIC 3001 (no stamp required).

When completing this form please:

- use CAPITAL letters
- mark boxes with an X where applicable
- use black pen.

Return to:

Please mail this form and the supporting documentation to us at:

Living Super
Reply Paid 93910
MELBOURNE VIC 3001
(no stamp required)

Scanned certified copies of documents
can be emailed to:

livingsuper@onesuper.com.au

Step 1: Account holder's details

Living Super account number	Date of birth (DD/MM/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="text"/>	
First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Place of birth	Country of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Step 2: What you will need to send us with this completed form

A scanned certified copy of a Power of Attorney Document.

Please Note: This may be an enduring or general power of attorney document. Where the account holder is in Victoria, it may also be a supportive attorney appointment document.

A scanned certified copy of an identification document of the Attorney(s) being appointed ▶ Refer Appendix A

Note: If any Attorney(s) have been appointed jointly, the above documents must be provided for EACH Attorney.

Please Note: Should we need to contact the account holder, and for medical reasons the account holder cannot be verbally validated, the following documentation will need to be provided:

A scanned certified copy of a Medical Certificate confirming that the account holder cannot verbally validate that they are appointing an Attorney.



Step 3: Attorney(s) verification details (to be completed by the Attorney(s))

Attorney 1

Mr Mrs Ms Other

First name Middle name

Surname

Mandatory security details

Date of birth (DD/MM/YYYY)
 / /

Place of birth Country of birth

Nationality

Mother's maiden name (mother's original surname/family name)

Residential address (PO Boxes not accepted)

Unit number Street number

Street name

Suburb

State Postcode

Contact details (You must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Attorney 2 (if applicable)

Mr Mrs Ms Other

First name Middle name

Surname

Mandatory security details

Date of birth (DD/MM/YYYY)
 / /

Place of birth Country of birth

Nationality

Mother's maiden name (mother's original surname/family name)

Residential address (PO Boxes not accepted)

Unit number Street number

Street name

Suburb

State Postcode

Contact details (You must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Step 4: Attorney(s) to read and sign below

By signing below, I/We declare that:

- a) I am/we are the Attorney(s) identified in the Power of Attorney;
- b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf;
- c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s);
- d) I/we undertake to advise Diversa in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;
- e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder;
- f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements;
- g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise Diversa to verify this information; and
- h) I/we have read the Living Super Privacy Policy referred to in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Policy.

Attorney 1

Signature of Attorney 1

Date (DD/MM/YYYY)
 / /

Attorney 2 (if applicable)

Signature of Attorney 2

Date (DD/MM/YYYY)
 / /



Appendix A: Identification document and certification

Identification Documents

You need to choose either 1 document from List A or two documents from List B. Please note the certified copies will not be returned. The documents must verify the following details:

- List A: Your full name and DOB
- List B: A combination of your full name and DOB and your full name and residential address

List A

- Australian Driver's Licence (must be current, show current residential address and photograph)
- Australian Passport (either a current passport or a passport that expired within the last 2 years)
- Proof of Age Card/NSW Photo Card (must be current and show date of birth and photograph)
- International Passport or Driver's Licence – front and back of document (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English)
- Current foreign National Identity Card issued for the purposes of identification - front and back of document (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English)

List B

One of the documents

- Birth Certificate (issued by a State or Territory in Australia)
OR
- Citizenship Certificate (issued by the Commonwealth of Australia)
AND
- Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you
OR
- Notice Issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debts payable by you
OR
- Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address
OR
- Pension Card or Health Card (must be current and issued by Centrelink entitling financial benefits)

Document certification

Take the originals and copies of your identification documents to a document certifier from the list below. Ask them to follow the Certifier instructions.

1. A Pharmacist
2. A Justice of the Peace
3. A Notary Public Officer
4. A Medical Practitioner or Nurse
5. A Police Officer
6. An Accountant (CA/CPA)
7. A Legal Practitioner
8. A Full-time teacher (school or tertiary)
9. Bank/Credit Union/Building Society Officer with at least five years continuous service
10. A permanent employee of a Commonwealth, State/Territory or local government with at least five years continuous service
11. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths, affirmations or authenticate documents.

Certifier instructions

Once you (the certifier) have sighted the original proof of identity document and the copy and confirmed that both documents are identical on each page of the copy complete the following:

1. Certify as true copies by writing or stamping "I hereby certify that these pages are a true copy, of the original document shown to me on [date]"
2. Sign each document and print your Name and Certifier Classification. For example; John Smith, Accountant

Appendix B: Privacy Policy

Privacy Policy for Living Super

Diversa is committed to ensuring the confidentiality and security of your personal information. Diversa collects and handles your personal information in accordance with its legal obligations, including those under the Privacy Act 1988 (Cth). To find out more about how Diversa handles your personal information, you can review the Living Super Privacy Policy on the ING website or request a copy by either calling or writing to us.

How to contact us

If you have any further questions about privacy in relation to Living Super please contact us by:

- calling: 133 464
- writing to: Living Super Privacy Officer
Reply Paid 93910
MELBOURNE VIC 3001

For the curious: Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635 is the Trustee of Living Super, a sub-plan of OneSuper ABN 43 905 581 638 (Fund) and the issuer of interests in the Fund. Living Super is a product issued out of the Fund. ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292, AFSL 229823, is the Sponsor of the Living Super product.

