

Appointment of an Advocate or Authorised Representative

Dear Member,

If you wish to appoint an Advocate or Authorised Representative to deal with us on your behalf, please:

- Carefully read the important notes below;
- Carefully complete the form on the next page;
- take it, with some proof of your identity, to a witness as indicated next;
- sign it in the presence of a lawyer or doctor or pharmacist or Centrelink officer or member of police as witness; and
- post it to us at the address above.

Important notes:

1. What is an Advocate?

An 'Advocate' you appoint can deal with us on your behalf (including making a complaint)

but:

- (a) Cannot change your account or services; and
- (b) Cannot act on your behalf or access your information unless you are present and agree.

2. What is an Authorised Representative?

An 'Authorised Representative' you appoint can deal with us on your behalf as your agent (including making a complaint) and:

- (a) if you give them limited rights: has only those rights including any limitations you specify on access to your information; and
- (b) If you do not give them limited rights: has power to act and access information as if they are you.
- 3. If we are not clear whether you intend to appoint an Advocate or an Authorised Representative, we will assume you only intend to appoint an Advocate.



- 4. We may also accept a person who holds an appropriate Power of Attorney or Guardianship Order as Advocate or Authorised Representative for a customer. Please forward a certified copy of the Power of Attorney or Guardianship Order together with this form (signed by the Attorney or Guardian for the customer). We may need to have the documents checked before we can accept the appointment.
- 5. To protect your privacy and for security reasons we require you to submit the completed Authorised Representative Form to us as a signed original and witnessed by one of the following persons below:
- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- A Solicitor or Barrister;
- A Police Officer;
- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees;
- A Dentist;
- A Pharmacist;
- A Medical Practitioner;
- A Chiropractor or a Physiotherapist.



| Date / / | | |
|--|------------------------------|-----------------------------|
| To: | | |
| My account type/s (tick): Landline | Mobile | Internet |
| My account ID: | | |
| | Telephone number / internet | t username / account number |
| Account holder name: | | |
| | Note: This must be the actua | al account holder. |
| I wish to appoint either (Circle one): | an Advocate OR a | n Authorised Representative |
| The person I appoint is: | | |
| Their email address is: | | |
| Their landline number is: | | |
| Their mobile number is: | | · |
| Their physical address is: | | |
| Limitation/s on authority of | | |
| Authorised Representative: | | |
| (Complete if applicable) | | |



I authorise you to deal with the above person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this Appointment. I release you from any claim I might otherwise have against you, based on anything you do in reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when you contact any of the contact numbers / addresses above. The appointment continues until I revoke it in writing.

| My signature: | |
|---------------------------------------|--|
| Signature of witness: | |
| Name of witness: | |
| Qualification and address of witness: | Approved Witness |
| Date Completed / / | rm that the person signing above has produced evidence of their identity |