

## Authority to Access Information

### Multiple Superannuation Accounts cost you money!

We can help compare and consolidate your Super and in turn save you money. Provide us with an Authority to Access Information so we can investigate and compare all your accounts.

### WHAT DO I NEED TO DO?

Simply complete this Authority to Access Information form and return it to **AXIS Financial Group PO Box 7259 Cloisters Square WA 6850**. **NB - Some providers will not release information without accompanying ID. To avoid delays, please attach a certified copy of either your Driver's Licence or Passport.**

### Declaration

Please accept this letter of authority for

from **AXIS Financial Group** to obtain information necessary regarding all my superannuation and insurance accounts, as listed below for 12 months from the date of declaration.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Given Name/s \_\_\_\_\_

Surname \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Name/s *NB: If you have legally changed your name, please include a Certified Name Change Certificate*

Current Address *(please complete overleaf if providing multiple addresses)*

Previous Address/s \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Superannuation Accounts

List your superannuation accounts in the table below and provide as much detail as possible

Name of Super Provider	Account No. (if known)	Approximate Balance (if known)	Have you received a statement in the last 2 years?	Does the account hold any Life Insurance Cover (Death, TPD, Income Protection)
			Yes/ No	Yes/ No
			Yes/ No	Yes/ No
			Yes/ No	Yes/ No
			Yes/ No	Yes/ No



To help your existing provider/s identify you, please provide the following information

Employer	Start Date
<i>Current Employer:</i>	
<i>Previous Employer/s:</i>	

Possible Beneficiaries:

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Previous Address/s (continued from overleaf):

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In order to assist AXIS Financial Group to assess the need for any existing Life Insurance cover when consolidating your super benefits, could you please answer the following questions;

What is your current annual salary? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you work underground? Yes/No

Have had any major health Issues? Yes/No

Do you have any personal debt? Yes/No                      If so approximately how much? \_\_\_\_\_

Do you have any Dependants? Yes/No

***Please provide certified ID as AXIS cannot proceed with your request without it***

**Need Assistance?**

If you have any questions or would like to arrange a meeting, please contact our Corporate Services Team



Freecall 1800 111 299 or  
(08) 9426 5800



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