

## Heidelberg Australia Superannuation Fund Privacy Acknowledgement and Consent Form for Death Claims

I acknowledge that under the Privacy Act 1988, the Trustee must obtain my consent to the collection, use and disclosure of certain personal (including sensitive) information about me, or supplied by me. This information will be used by the Trustee and its agents in relation to the payment of the death benefit in respect of the deceased individual named below who was a member of the above Fund.

I understand that in order to determine the recipients of any death benefit payable from the Fund in respect of the deceased, the Trustee needs to collect information regarding potential beneficiaries of the deceased. If the information is not obtained, the Trustee may be unable to determine the appropriate beneficiaries or the payment may be delayed. I understand that the Trustee is authorised by the Fund's trust deed to collect this information.

I understand that the following parties may be given access to the information I provide by the Trustee:

- the Fund's administrator and its contractors and affiliated companies;
- the Fund's consultants and advisers, including (but not limited to) its actuary, auditor and legal advisers;
- the legal personal representative of the deceased member or their adviser(s);

- any individuals or entities who may be eligible or have been nominated to receive part of the benefit, and their adviser(s);
- any other individuals or entities called upon by the Trustee to assist with their enquiries, including possible dependants or family members, executors, or legal advisors to any potential beneficiary;
- any court, external dispute resolution scheme or body (including the Australian Financial Complaints Authority) if required by law or in order to resolve a complaint regarding the claim; and
- the Australian Taxation Office and other statutory bodies, where this is required or authorised by law.

I have received and read the Fund's Privacy Policy and consent to the collection, use and disclosure of personal information about me by the Trustee and its agents for the purposes and to the persons set out in this consent and the Privacy Policy.

I understand that the Privacy Policy includes information on how I can access or correct my personal information, how I can make an enquiry or complaint about my privacy and how such an enquiry or complaint will be dealt with.

**Name of deceased:** \_\_\_\_\_

**Name of person consenting:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return to:** The Fund Administrator  
Heidelberg Australia Superannuation Fund  
PO Box 1442  
Parramatta NSW 2124  
Telephone: 1800 127 953