

Additional Information in support of an Application under the GIPA Act

Please use this form if any of the following types of information is needed before your application for information under the *Government Information (Public Access) Act 2009 (NSW)* ('the GIPA Act') can be finalised. The outstanding requirement/s is/are marked below.

- Proof of identity of member of superannuation scheme or of executor or person authorised by power of attorney;
- Proof of appointment as executor, or under power of attorney;
- Authorisation as agent of the person about whom information is sought;
- Name of doctor to whom certain medical reports can be sent.

Complete the relevant sections of this form and then return it together with any necessary attachments to the scheme administrator, Mercer Administration (Mercer) addressed to:

The Information Access Co-ordinator, Mercer Administration, GPO Box 2181, Melbourne VIC 3001

1. Details of the superannuation scheme member whose information is sought

Title (Mr Mrs Ms Miss Dr)	Scheme membership number (obtain from statement)	'Registered number' (for PSS members only)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name/s			
<input type="text"/>			
Family name			
<input type="text"/>			
Postal address			
<input type="text"/>			
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			
Birth date (DD-MM-YYYY)		Daytime contact telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Details of applicant if acting on behalf of the member *(leave blank if not applicable)*

Mercer reference number:	Date of Mercer letter	Applicant's Title (Mr Mrs Ms Miss Dr)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Given name/s			
<input type="text"/>			
Applicant's Surname			
<input type="text"/>			
Postal address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

Your Privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd (Mercer), in accordance with State Super's Privacy Statement, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties. For further information about privacy, contact Mercer by writing to: GPO Box 2181 Melbourne VIC 3001, or visit

www.statesuper.nsw.gov.au.

3. Proof of identity of the member (and if applicable of executor or person with power of attorney)

We require an identity document of the member. This applies even if the applicant is an authorised agent of the member. Please note that if the member is deceased or not competent to handle their affairs, proof of identity of the executor or person with power of attorney and evidence of the appointment as executor or attorney must also be provided.

Please attach a **certified copy of one of the following** and indicate which document you are providing. **Faxed or emailed copies cannot be accepted.**

- Current Australian State/Territory Driver Licence containing a photograph of the member
- The personal identification page from the member's current Australian Passport (we can accept a passport that has expired less than two years ago)
- Card issued by an Australian, State or Territory Government that shows the member's name, age and photograph.

If none of the above-mentioned documents are available, or if all of the listed certifiers (see below) are unavailable, please contact Customer Service on 1300 130 096 for assistance.

'Certified copy' means that an acceptable person has written or stamped each copy as 'certified true copy' followed by the certifier's signature, printed name, title (from the list below) and date of certification.

The following persons are acceptable to certify copies of original documents:

- A legal practitioner who has an Australian Practising Certificate
- A registrar or deputy registrar of a court
- A police officer
- A justice of the peace or commissioner for declarations
- A permanent employee of Australia Post with five or more years of continuous service.

Please note that the certifier should not be the member or the applicant.

4. Signature of applicant

Signature of applicant (This is the member unless someone else is applying on the member's behalf)

Date (DD-MM-YYYY)

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5. Authorisation of agent if applicable (leave blank if not applicable)

I authorise my agent whose details appear as the applicant on page 1 and whose signature appears above to have access to the personal information applied for.

Signature of member where the applicant is someone other than the member

Date (DD-MM-YYYY)

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6. Name of doctor to whom certain medical records can be released

Please state the name and address (and email address if applicable) of a doctor to whom the scheme administrator, Mercer Administration, can release any medical report about the member that has been endorsed by the examining doctor that it may only be released to the member's doctor. Any reports not so endorsed will be released directly to the applicant.

Doctor's name:

Title (Mr Mrs Ms Miss Dr) Given name/s

Surname

Name of Doctor's Practice

Doctor's postal address:

Postal address

Suburb

State

Postcode

Doctor's email address

Post the completed application to:

Information Access Co-ordinator
Mercer Administration
GPO Box 2181
Melbourne VIC 3001