Use this form to nominate a third party, such as a relative or financial adviser, to receive relevant information or documents in relation to your account. This could include information related to any claims with which you require assistance.

Please print clearly in BLOCK LETTERS and use (x) in mark boxes where applicable.

1. PERSONAL DETAILS

(you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy ationwidesuper.com.au/privacy or call us on 1800 025 241.	' at
a.	e (please select)	
	$Mrs Miss Dr Other \rightarrow $	
b.		
c	t name(s)	L
C.		
d.	e of birth (DD MM YYYY) e. Sex (please select) f. Member number	
	Male Female	
g.	dential address	
	StatePostcode	
h.	tal address	
	State Postcode	
i.	k telephone j. Home telephone k. Mobile number	
١.	il address* (Give us your email address to receive all future communications electronically.)	

* If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

2. CLAIM TYPE (IF APPLICABLE)

g.	Home/Work telephone h. Mobile number
i.	Email address
j.	Relationship to you
k.	Expiration date of authority (DD MM YYYY)

JY (

or Authority is valid until revoked by you

4. DECLARATION AND SIGNATURE

By signing this declaration, I understand and consent to the nominated person(s) to have access to information and documents in relation to my account and claim (if applicable).

The nominated person(s) on this form:

- · Will be able to enquire, obtain relevant information and receive correspondence directly on my behalf;
- · Is not authorised to make changes or transact on my account in any way;
- May be removed as a third party authority at any time if I revoke their authority by calling 1800 025 241 or sending confirmation of the withdrawal.

I understand that in some circumstances the Trustee may still be required to contact me directly.

I have read and understood the Trustee's Privacy Policy and understand how my personal information will be used. To the best of my knowledge, all the information provided in this form is correct.

Signature

Date (DD MM YYYY)





We're here to help

Please send your completed form to: Nationwide Super, Locked Bag A4094, Sydney South NSW 1235. If you have any questions, please call us on 1800 025 241 (Monday to Friday 8.30am to 5.30pm AEST), email enquiries@nationwidesuper.com.au or visit nationwidesuper.com.au

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 025 241 or visit nationwidesuper.com.au for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567. Nationwide Super is a division of the Russell Investments Master Trust.

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