

Dear Customer,

If you wish to appoint an Advocate or Authorized 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
- mail it to us at Melbourne Bourke Street, PO Box 24248, Melbourne, Victoria 3001.

#### IMPORTANT NOTES

1. An 'Advocate' whom 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. An Authorized Representative' whom 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) otherwise: 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 Authorized Representative, we shall 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 Authorized 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 security and to minimize the risk of fraud, our normal requirement is that this Appointment be submitted by post as a signed original, witnessed by a lawyer or doctor or pharmacist or Centrelink officer or member of police. If this is too difficult or inconvenient for you, please call our Customer Service team and we will talk with you about an alternative way to accept the Appointment while protecting your interests.

Date: \_\_\_\_\_

To: \_\_\_\_\_

My account ID: \_\_\_\_\_  
Telephone number / internet username / account number

Account holder name: \_\_\_\_\_  
Note: This must be the actual account holder

My account types/s (tick): an **Advocate**  **OR** an **Authorized 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 **(Complete if applicable)**

Authorized Representative:

My appointment and authority: I authorize you to deal with the above person as my Advocate or Authorized Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorized 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 reasonable 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 & address of Witness: Lawyer / Doctor / Pharmacist / Centrelink Officer / Police

Confirmation of Witness: **I confirm that the person signing above has produced evidence of their identity.**

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