



For authorised officer(s) to complete and sign

Plan details

Plan name	Plan reference

Please delete the following authorised officer's details from Super Directions Fund's records

Mr Mrs Miss Ms Other please specify

Surname (please print)	Given name(s)

Mr Mrs Miss Ms Other please specify

Surname (please print)	Given name(s)

Please add the following authorised officer's details to Super Directions Fund's records

Mr Mrs Miss Ms Other please specify

Surname (please print)	Given name(s)

/ /		
Date of birth	Position	Email address

Authorised officer's signature

Please indicate at which level the officer is authorised (tick at least one option) Plan Employer Group

If the officer is unauthorised at the Employer Group level please complete the following details:

Employer Group name	Employer Group number

Authorised officer's password

- You will need your password to access or provide plan information and member details over the telephone.
- Your password must have a minimum of four characters.
- For security purposes please do not disclose your password to anyone.

Password

Your password hint

Your password hint will be used by Super Directions to prompt your memory if you forget your password.

Password hint

Employer declaration

The authorised officer detailed above is authorised on behalf of the employer for the purpose of supplying the Super Directions Fund and to the Trustee any notice, comment or information required to facilitate administration of the Fund.

Signature(s) of Company Director or Secretary, Partners or Sole Trader

(At least two signatures are required unless the employer is a sole trader or a sole director company)

	X	/ /
Name	Signature	Date
	X	/ /
Name	Signature	Date