



For an authorised officer to complete and sign

Use this form to add or change the password for an existing authorised officer.

Plan details

<input type="text"/>	<input type="text"/>
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Plan name

Plan reference

Authorised officer's details

Mr Mrs Miss Ms Other please specify

<input type="text"/>	<input type="text"/>
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Surname (please print) Given name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth Position Email address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorised officer's signature Date

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.

<input type="text"/>

New password

Your password hint

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

<input type="text"/>

New password hint