



Appointment of Advocate
or Authorised Representative

Dear Customer,

If you wish to appoint an Advocate or Authorised 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
- Post it to us at the address above.

Important notes:

1. **What is an Advocate?**

An 'Advocate' 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. **What is an Authorised Representative?**

An 'Authorised Representative' 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) if you do not give them limited rights: 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 Authorised Representative, we will 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 Authorised 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 minimise the risk of fraud, our 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.



My signature: _____

Signature of witness: _____

Name of witness: _____

Qualification and address of witness: _____

Lawyer /doctor /pharmacist/Centrelink officer/ police

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