

Additional information in support of an application under the Government Information (Public Access) Act 2009

Please use this form if any of the following types of information is needed by Pillar before your application for information under the GIPA Act can be finalised. The outstanding requirement/s is/are marked below.

- Proof of identity of member of superannuation scheme or of executor or person authorised by power of attorney;
- Proof of appointment as executor, or under power of attorney;
- Authorisation as agent of the person about whom information is sought;
- Name of doctor to whom certain medical reports can be sent.

Complete the relevant sections of this form and then return it together with any necessary attachments to the

Information Access Co-ordinator, Pillar Administration, PO Box 1229 Wollongong, NSW 2500.

1. Details of the supe	erannuation scheme member	whose informati	on is sought
Title (Mr Mrs Ms Miss Dr)	Scheme membership number (obtain fr	om statement) 'Red	gistered number' (for PSS members only)
Civan nama/a			
Given name/s			
Family name			
Postal address			
Suburb/Town/City			State Postcode
Email address			
Birth date (DD-MM-YYYY)		Daytime contact te	lephone number
- -			
2. Details of applican	nt if acting on behalf of the i	nember (leave blan	nk if not applicable)
		nember (leave blan	
2. Details of applicant Pillar reference number: WIN	nt if acting on behalf of the Date of Pillar letter	nember (leave blan	nk if not applicable) Applicant's Title (Mr Mrs Ms Miss Dr)
Pillar reference number: WIN		nember (leave blan	
		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s		nember (leave blan	
Pillar reference number: WIN		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname		nember (leave blan	
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname Postal address		nember (leave blan	Applicant's Title (Mr Mrs Ms Miss Dr)
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname Postal address		member (leave blan	Applicant's Title (Mr Mrs Ms Miss Dr)
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname Postal address Suburb		nember (leave blan	Applicant's Title (Mr Mrs Ms Miss Dr)
Pillar reference number: WIN Applicant's Given name/s Applicant's Surname Postal address Suburb		nember (leave blan	Applicant's Title (Mr Mrs Ms Miss Dr)

Your Privacy

The information you provide in this form is collected by Pillar in accordance with NSW and Australian privacy legislation. Pillar's Privacy Policy describes how we handle your personal information including your rights to access and correct that information and how you may complain about a breach of your privacy. The Policy is available on Pillar's website at www.pillar.com.au or a copy may be requested by phoning 1800 779 068.

3. Proof of identity of the member (and if applicable of executor or person with power of attorney)

We require an identity document of the member. This applies even if the applicant is an authorised agent of the member. Please note that if the member is deceased or not competent to handle their affairs, proof of identity of the executor or person with power of attorney and evidence of the appointment as executor or attorney must also be provided.

Please attach a certified copy of one of the following and indicate which document you are providing. Faxed copies cannot be accepted.		
Current Australian State/Territory Driver Licence containing a photograph of the member		
The personal identification page from the member's current Australian Passport (we can accept a passport that has expired less than two years ago)		
Card issued by an Australian, State or Territory Government that shows the member's name, age and photograph.		
If none of the above-mentioned documents are available, or if all of the listed certifiers (see below) are unavailable, please contact a Pillar Information Access Officer on 1800 779 068 for assistance.		
'Certified copy' means that an acceptable person has written or stamped each copy as 'certified true copy' followed by the certifier's signature, printed name, title (from the list below) and date of certification.		
The following persons are acceptable to certify copies of original documents:		
A legal practitioner who has an Australian Practising Certificate		
A registrar or deputy registrar of a court		
A police officer		
A justice of the peace or commissioner for declarations		
A permanent employee of Australia Post with five or more years of continuous service.		
Please note that the certifier should not be the member or the applicant.		
4. Signature of applicant		
Signature of applicant (This is the member unless someone else is applying on the member's behalf)		
Date (DD-MM-YYYY)		
5. Authorisation of agent if applicable (Leave blank if not applicable)		
I authorise my agent whose details appear as the applicant on page 1 and whose signature appears above to have access to the		
personal information applied for.		
Signature of member where the applicant is someone other than the member		
Date (DD-MM-YYYY)		
(Name of dectar to whom contain modical records can be released		
6. Name of doctor to whom certain medical records can be released		
Please state the name and address of a doctor to whom Pillar can release any medical report about the member that has been endorsed by the examining doctor that it may only be released to the member's doctor. Any reports not so endorsed will be released directly to the applicant.		
Doctor's name:		
Title (Mr Mrs Ms Miss Dr)		
Given name/s		
Surname		
Name of Doctor's Practice		
Doctor's postal address:		
Postal address		
Suburb State Postcode		

Return the completed form to
Information Access Co-ordinator, Pillar Administration, PO Box 1229 Wollongong, NSW 2500

PILLAR 4 (12/14)