Date Stamp (Internal Office Use Only)

NOTICE OF AUTHORISED OFFICERS
EMPLOYER USE ONLY

LGSP
WA LOCAL SUPER

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● **NOT like** ⊗ ⊘

→ The purpose of this form is to obtain a list of nominated Authorised Officers of the Employer.

Section 1 Authorised Officer details

Employer Name

Employer Number

Authorised Officer 1

Surname

Given name(s)

Occupation

Important: Level of Online Access

◯ Full Access: Allows you to make payments and update Employee/Member details online.

◯ Read Only Access: Allows you to view your account data but not update any details online.

Signature

Authorised Officer 2

Surname

Given name(s)

Occupation

Important: Level of Online Access

◯ Full Access: Allows you to make payments and update Employee/Member details online.

◯ Read Only Access: Allows you to view your account data but not update any details online.

Signature

Section 2 Authorised signatory (this section MUST be signed by the employer)

→ Authorised officer signature required below.

→ The above officers are authorised to sign letters, notices and other communication to the Plan Administrator.

→ I acknowledge that the employees listed above are authorised to access member data to the level indicated and that terms and conditions as described on the web site apply

Authorised Officer of Employer

Position Title

If not CEO or Director please attach a copy of delegated authority.

Date / /

51013

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