



Superannuation Request for Access to Information Form

Thank you for your recent enquiry to access your personal information. To protect your privacy, your request for access must be made in writing. Please complete this Form and return it to us at the address outlined below. We will then:

- confirm receipt of your Request Form
- gather all information held by TAL about you; and
- either, forward your information to you, or contact you and make personal arrangements for you to view your information.

If attending our office to view your information you will need to produce suitable photo identification (e.g. Driver's Licence or Pass-port) prior to viewing any of the requested information. Failure to supply identification may cause delays in providing you with access to the personal information TAL holds about you. We may charge a reasonable fee to cover the costs of verifying the request and locating, retrieving, reviewing and copying any material requested. If the information sought is extensive, we will advise you of the likely cost in advance and discuss the refinement of your request if possible.

1. PERSONAL DETAILS

Policy Number	<input type="text"/>				
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>			Given name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>				
Residential address	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home phone number	<input type="text"/>		Work phone number	<input type="text"/>	
Mobile phone number	<input type="text"/>				
Email address	<input type="text"/>				

2. INFORMATION REQUIRED

Please identify the specific item(s) you wish to access (where possible).

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

3. ADVISER DETAILS

Do you authorise release of this personal information to be forwarded directly to your adviser?

☐ Yes

☐ No

Have you contacted any other companies related to TAL to obtain access to your personal information?

☐ Yes

☐ No

If yes, please state which companies you have contacted.

4. PRIVACY

The way in which TAL collects, uses and discloses your personal and sensitive information is described in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or on request.

5. MEMBER SIGNATURE

Member signature

X

Date

DD / MM / YYYY

5. MEMBER SIGNATURE

Please keep a copy of this Form for your records and return your completed Form to:
The Privacy Officer, TAL Life Limited, GPO Box 5380, SYDNEY NSW 2001.

If you have any questions please contact us on the details below.

Call 1300 209 088

Monday to Friday 9.00am – 5.00pm (AEST/AEDT)
Email: customerservice@tal.com.au
Website: www.tal.com.au