Power of attorney details form



About this form

Use this form to lodge a Power of Attorney with us and to let us know of an attorney's details.

Please note: Attorneys can only manage transactions (whether financial or non-financial) by calling ING on 133 464 or writing to ING, Reply Paid 2682, Sydney NSW 2001 (no stamp required). They won't be able to do so using phone banking, online banking or our app.

When completing this form please:

• use CAPITAL letters • mark boxes with an X where applicable • use black pen.

Return to:

Please mail this form and the supporting documentation to us at:

ING

Reply Paid 2682 Sydney NSW 2001 (no stamp required)

Scanned certified copies of documents can be emailed to:

customer.correspondence@ing.com.au

Step 1: Account holder's details		
ING client number	Date of birth (DD/MM/YY)	m)
		Mr Mrs Ms Other
<u>First name</u>	Middle name	Surname
Place of birth	Country of birth	Nationality
Step 2: What you will need to se	nd us with this completed form	
A scanned certified copy of a F	ower of Attorney Document.	
Please Note: This may be an endur be a supportive attorney appointm		ument. Where the account holder is in Victoria, it may also
A scanned certified copy of an	identification document of the Attorr	ney(s) being appointed > Refer Appendix A
Note: If any Attorney(s) have been	appointed jointly, the above documer	nts must be provided for EACH Attorney.
Please Note: Should we need to co validated, the following document		dical reasons the account holder cannot be verbally
A scanned certified copy of a Nare appointing an Attorney.	Medical Certificate confirming that the	account holder cannot verbally validate that they



Mondatory security details Sumame Mondatory security details Date of birth possessivity Place of birth Nationality Mother's maiden name insular's reiginal sumame/family named Residential address (Po Roses not accepted) Unit number Street name Suburb State Residential address (Po Roses not accepted) Unit number Street name Suburb Street number Street number	Step 3: Attorney(s) verific	ation details (to be completed by the	e Attorney(s)				
Suname Middle name Middle name Suname Suname Middle name Middle name Suname Suname Middle name Suname Suname Middle name Suname Suname Middle name Suname Middle name Suname Middle name Middle name Suname Middle name Middle name Suname Middle name Middle name Middle name Middle name Middle name Suname Middle name Middle nam	Attorney 1		Attorney 2 (if a	oplicable)			
Suname Middle name Middle name Suname Suname Middle name Middle name Suname Suname Middle name Suname Suname Middle name Suname Suname Middle name Suname Middle name Suname Middle name Middle name Suname Middle name Middle name Suname Middle name Middle name Middle name Middle name Middle name Suname Middle name Middle nam			Mr Mrc				
Sumane Sumane Su				M3 Other	Middle name		
Mondatory security details Oate of birth power/min	The state of the s]				
Mondatory security details Oate of birth power/min	Surnama		Surname				
Place of birth power/my Place of birth Country of birth	Sumame		Juliane				
Nationality Mother's maiden name (mother's original sunamerfamily name) Residential address (no Boxes not accepted) Unit number Street name Street name Street name Suburb State Postcode Contact details (nou must provide at lesst one phone number) Mobile phone number Mobile phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, IVWe declare that: a) I armiwe are the authorised by the Power of Attorney; b) I armiwe are the other ontice of revocation of the Power of Attorney; d) I we wanter the sign on cancellation of fife the power of Attorney; e) I armiwe are all cest sign in the form and each time I/we operate, one cesses or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving nordment, limitation cancellation affecting the Power of Attorney; e) I armiwe are all cest IR, not insolvent under administration, I/we have not acceived for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we outhorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the monner and for the purpose set out in the Privacy Statements; and I/we authorise ING to verify this information. I) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated compan	Mandatory security details Date of birth (DD/MM/YYYY)						
Nationality Mother's maiden name (mother's original sunamerfamily name) Residential address (no Boxes not accepted) Unit number Street name Street name Street name Suburb State Postcode Contact details (nou must provide at lesst one phone number) Mobile phone number Mobile phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, IVWe declare that: a) I armiwe are the authorised by the Power of Attorney; b) I armiwe are the other ontice of revocation of the Power of Attorney; d) I we wanter the sign on cancellation of fife the power of Attorney; e) I armiwe are all cest sign in the form and each time I/we operate, one cesses or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving nordment, limitation cancellation affecting the Power of Attorney; e) I armiwe are all cest IR, not insolvent under administration, I/we have not acceived for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we outhorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the monner and for the purpose set out in the Privacy Statements; and I/we authorise ING to verify this information. I) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated compan		1		, ,			
Nationality Mother's maiden name (mother's original sunamerfamily name) Residential address (no Boxes not accepted) Unit number Street name Street name Street name Suburb State Postcode Contact details (nou must provide at lesst one phone number) Mobile phone number Mobile phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, IVWe declare that: a) I armiwe are the authorised by the Power of Attorney; b) I armiwe are the other ontice of revocation of the Power of Attorney; d) I we wanter the sign on cancellation of fife the power of Attorney; e) I armiwe are all cest sign in the form and each time I/we operate, one cesses or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving nordment, limitation cancellation affecting the Power of Attorney; e) I armiwe are all cest IR, not insolvent under administration, I/we have not acceived for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder is in Victoria, I armiwe are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we outhorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the monner and for the purpose set out in the Privacy Statements; and I/we authorise ING to verify this information. I) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated compan	Place of hirth	Country of hirth	Place of hirth	1/	Country of hirth		
Mother's maiden name inather's original sumamerifamily name) Residential address (PO Boxes not accepted) Unit number Street name Street name Suburb Suburb Stote Contact details (You must provide at least one phone number) Mobile phone number Other phone number (for landline, please provide area code) Email Email Email Email Email Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: 1 I am/we are that attorney(s) identified in the Power of Attorney; 1) I am/we are dustorneys link onlice of revocation of the Power of Attorney; 1) I am/we are dustorneys link in the link of attorney; 1) I am/we are dustorneys link in the link of attorney; 2) I am/we are the attorneys link in the link of attorney; 1) I manderake to advise link in the link operate, access or conduct any activity in relation to the Account Holder or acceptance of accommedation provider for the Account Holder or acceptance or acceptance of the provider or an accordance with the applicable legal requirements; 3) I we declare that the personal information and security details provided and witnessed in accordance with the applicable legal requirements; 3) I we declare that the personal information and security details provided and witnessed in accordance with the applicable legal requirements; 3) I we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; 1) I we outhorise ING to verify this information; 1) I we authorise ING to verify this information; 2) I we declare that the personal information and security details provided a dove are true and correct and I/we authorise ING to verify this information; 3) I we declare that the personal information and security details provided and witnessed in accordance with the applicable legal requirements; 3) I we declare that the personal information and security details provided and I/we consent to mylour personal information being collected, used and disclose mylour	Tidee of Birth						
Residential address (PO Boxes not accepted) Unit number Street number Street name Suburb Street name Suburb Street name Suburb Street name Suburb Street name Street name Suburb Street name Street name	Nationality		Nationality	Nationality			
Residential address (PO Boxes not accepted) Unit number Street number Street name Suburb Street name Suburb Street name Suburb Street name Suburb Street name Street name Suburb Street name Street name							
Unit number Street name Ontation fettins provide at lest on phone number ploaded Other phone number (for landine, please provide and	Mother's maiden name (mot	:her's original surname/family name)	Mother's maide	Mother's maiden name (mother's original surname/family name)			
Unit number Street name Ontation fettins provide at lest on phone number ploaded Other phone number (for landine, please provide and	Residential address (DO Povo	es not accented)	Residential add	Residential address (PO Royes not accented)			
Street name Suburb State Postcode Contact details (You must provide at least one phone number) Mobile phone number Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I arm/we are the attorney(s) identified in the Power of Attorney; b) I arm/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I whe have not received notice of revocation of the Power of Attorney and I/We make these declarations at the time of signing this form and each time I/We operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/We undertake to advise ING in writing in writing in writing in writing dishonesty and if the Account Holder; is in Victoria, I arm/we are not a core worker or health provider or an accommodation provider for the Account Holder; is in Victoria, I arm/we are not a core worker or health provider or an accommodation provider for the Account Holder; f) To the stof mydyn knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/We declare that the personal information and security details provided above are true and correct and I/We authorise ING to verify this information; h) I/We have read the Privacy Statements in Appendix B of this form as appropriate and I/We consent to my/our personal information being collected, used and disclosed in the moner and for the purpose set out in the Privacy Statements; and il I/We authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. Attorney 2 (if applicable) Signature of Attorney 2	Unit number						
Suburb State Postcode State Postcode Contact details (You must provide at least one phone number) Mobile phone number Other phone number (for landline, please provide area code) Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I arm/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; b) I van/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder; is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; T) To the best of myjour knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the momer and for the purpose set out in the Privacy Statements; and information to help ING and any of its sasociated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to							
Suburb State Postcode State Postcode Contact details (You must provide at least one phone number) Mobile phone number Other phone number (for landline, please provide area code) Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I arm/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; b) I van/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder; is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; T) To the best of myjour knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the momer and for the purpose set out in the Privacy Statements; and information to help ING and any of its sasociated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to	Street name		Stroot name				
State Postcode Contact details (You must provide at least one phone number) Mobile phone number Other phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Email Email Cher phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Email Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I arm/we are authorned by the Power of Attorney; b) I arm/we are authorned by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing his form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I arm/we are outhorized for the Account Holder is in Victoria, I arm/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of mylour knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; f) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to mylour personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to verify this information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to	Su eet nuine		Sueername				
State Postcode Contact details (You must provide at least one phone number) Mobile phone number Other phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Email Email Cher phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Other phone number (For landline, please provide area code) Email Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I arm/we are authorned by the Power of Attorney; b) I arm/we are authorned by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing his form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I arm/we are outhorized for the Account Holder is in Victoria, I arm/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of mylour knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; f) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to mylour personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to verify this information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to			J				
Contact details (You must provide at least one phone number) Mobile phone number Mobile phone number Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, INWe declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing his form and each time live operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence invocing dishoration provider for the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider or the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider or the provides and services that may be o	Suburb		Suburb				
Contact details (You must provide at least one phone number) Mobile phone number Mobile phone number Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, INWe declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing his form and each time live operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence invocing dishoration provider for the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider or the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider or the provides and services that may be o							
Mobile phone number Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. Attorney 1	State	Postcode	State	Po	stcode		
Mobile phone number Other phone number (for landline, please provide area code) Email Please provide your ING client number if you are an existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. Attorney 1							
Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING therest	Mobile phone number Mobile phone number Mobile phone number			please provide area code)			
Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING client number if you are an existing ING client. Please provide your ING therest							
existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. Attorney 2 (if applicable) Signature of Attorney 2	Email		Email	Email			
existing ING client. Step 4: Attorney(s) to read and sign below By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. Attorney 2 (if applicable) Signature of Attorney 2							
By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and i) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. **Attorney 1** **Attorney 2** **Attorney 2** **Signature of Attorney 2** **Signature of Attorney 2** **Attorney 2** **Signature of Attorney 2** **Attorney 2** **Atto	Please provide your ING client number if you are an existing ING client.						
By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and i) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. **Attorney 1** **Attorney 2** **Attorney 2** **Signature of Attorney 2** **Signature of Attorney 2** **Attorney 2** **Signature of Attorney 2** **Attorney 2** **Atto							
By signing below, I/We declare that: a) I am/we are the attorney(s) identified in the Power of Attorney; b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf; c) I/we have not received notice of revocation of the Power of Attorney and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s); d) I/we undertake to advise ING in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney; e) I am/we are at least 18, not insolvent under administration, I/we have not been convicted or found guilty of an offence involving dishonesty and if the Account Holder is in Victoria, I am/we are not a care worker or health provider or an accommodation provider for the Account Holder; f) To the best of my/our knowledge, the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements; g) I/we declare that the personal information and security details provided above are true and correct and I/we authorise ING to verify this information; h) I/we have read the Privacy Statements in Appendix B of this form as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Statements; and i) I/we authorise ING to use and disclose my/our personal information to help ING and any of its associated companies or subsidiaries to provide or tell me/us about products and services that may be of interest to me/us. **Attorney 1** **Attorney 2** **Attorney 2** **Signature of Attorney 2** **Signature of Attorney 2** **Attorney 2** **Signature of Attorney 2** **Attorney 2** **Atto	Ston /: Attornou(s) to rea	rd and sign below					
Date (DD/MM/YYY)	By signing below, I/We deck a) I am/we are the at b) I am/we are author c) I/we have not recessioning this form of d) I/we undertake to affecting the Powe e) I am/we are at leasinvolving dishones accommodation p f) To the best of my/applicable legal re g) I/we declare that to ING to verify this in h) I/we have read the information being i) I/we authorise ING	are that: ttorney(s) identified in the Power of Arbrised by the Power of Attorney to operived notice of revocation of the Power and each time I/we operate, access or advise ING in writing immediately upper of Attorney; ast 18, not insolvent under administrations and if the Account Holder is in Victorovider for the Account Holder; your knowledge, the Power of Attorney appreciately information; the personal information and security information; the Privacy Statements in Appendix B of a collected, used and disclosed in the rest to use and disclose my/our personal	erate the account(s) or of Attorney and I/ver conduct any activition receiving notice of the coria, I am/we are not be toria, I am/we are not y was entered into, so y details provided about this form as appropmanner and for the plainformation to help diservices that may be accounted.	ve make these do y in relation to the of any amendme een convicted or it a care worker of signed and witne ove are true and oriate and I/we co ourpose set out in ING and any of in oe of interest to r opplicable)	eclarations at the time of the Account Holder's account(s); ent, limitation or cancellation or found guilty of an offence or health provider or an assed in accordance with the correct and I/we authorise onsent to my/our personal in the Privacy Statements; and its associated companies or		
עווו איייין שעט אייניין אייין אייין אייניין אייניין אייניין אייניין איין א	Date (DD/MM/YYYY)		Date (DD/MM/YYYY)				



Appendix A: Identification document and certification

Identification Documents

You need to choose either 1 document from List A or two documents from List B. Please note the certified copies will not be returned. The documents must verify the following details:

- List A: Your full name and DOB
- List B: A combination of your full name and DOB and your full name and residential address

List A	List B		
Australian Driver's Licence (must be current, show current residential address and photograph)	One of the documents • Birth Certificate (issued by a State or Territory in Australia) OR • A Citizenship Certificate (issued by the Commonwealth		
An Australian Passport (either a current passport or a passport that expired within the last 2 years)	of Australia) AND		
 Proof of Age Card / NSW Photo Card (must be current and show date of birth and photograph) International Passport (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English) 	A Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you OR Notice issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debts payable by you OR A Rates or Utilities notice issued in the last 3 months		
	A Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address OR Pension Card or Health Card (must be current and issued by Centrelink entitling financial benefits)		

Document certification

Take the originals and copies of your identification documents to a document certifier from the list below. Ask them to follow the Certifier instructions.

- 1. A Pharmacist
- 2. A Justice of the Peace
- 3. A Notary Public Officer
- 4. A Medical Practitioner or Nurse
- 5. A Police Officer
- 6. An Accountant (CA/CPA)
- 7. A Legal Practitioner
- 8. A Full-time teacher (school or tertiary)
- 9. Bank/Credit Union/Building Society Officer with at least five years continuous service
- 10. A permanent employee of a Commonwealth, State/Territory or local government with at least five years continuous service
- 11. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths, affirmations or authenticate documents.

Certifier instructions

Once you (the certifier) have sighted the original proof of identity document and the copy and confirmed that both documents are identical on each page of the copy complete the following:

- 1. Certify as true copies by writing or stamping "I hereby certify that these pages are a true copy, of the original document shown to me on [date]"
- 2. Sign each document and print your Name and Certifier Classification. For example; John Smith, Accountant



Appendix B: Privacy Statements

Below are the Privacy Statements for ING and ING Superannuation Fund. Both Privacy Statements apply for holders of ING Superannuation Fund Accounts. The Privacy Statement for ING applies for holders of banking accounts and the use of personal information by ING.

Privacy Statement for ING

At ING, we are committed to ensuring the confidentiality and security of your personal information. We are bound by the Privacy Act 1988, including the Australian Privacy Principles (APPs) set out in that Act, to guide us in our responsible handling of your personal information.

By accepting the terms and conditions of your ING account you consent to our collection, handling, use and disclosure of your personal information as described in this Privacy Statement. You can also review the ING Privacy Policy on our website or request a copy by either calling or writing to us.

Collection of your personal information

Ordinarily, we'll collect most personal information about you directly from you.

Occasionally we may need to obtain personal information about you from a third party, but only if you've consented to us collecting the information in this way or you would reasonably expect us to collect the information about you in this way.

We'll collect personal information to provide you with information about a financial product or service; to assess your application and eligibility for a financial product or service; to provide you with the financial products and services that you've requested; to administer our relationship with you; and to communicate with you about ING and the products and services we offer, and then only when it's necessary for, or related to, these purposes.

We'll also need to collect personal information necessary to comply with Australian and global legal or regulatory requirements that have extraterritorial application to ING or the ING Group. For example, ING has an obligation to identify customers for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

If you don't provide the personal information that we request, we will generally not be able to provide you with ING products or services.

Use and Disclosure of your personal information

The general rule is that we will not use or disclose your personal information other than for the purposes stated at the time of the collection. If we want to use your personal information for another purpose, we will seek further consent from you, unless that other purpose is related to one of the original purposes of collection and you would reasonably expect us to use your personal information for that other purpose.

It may be necessary for ING to disclose your personal information to certain third parties in order to assist us in providing, managing and administering your products or services or for other related purposes. These include:

i. Other financial institutions

Other financial institutions, such as banks, credit unions, building societies and payment services such as VISA, in order to set up and manage your account and manage banking transactions and, at their request, to provide an opinion or information about your credit worthiness, credit standing, credit history or credit capacity if you seek credit from them;

ii. Other organisations

Other ING Group entities and third parties, such as:

- other ING Group entities in order to service other products you may have within the Group and portfolio analysis;
- other ING Group entities located overseas for account administration, regulatory and security purposes;
- any person acting on your behalf including your financial adviser, power of attorney, solicitor or accountant;
- · your referee(s);
- your guarantor(s);
- any person who introduces you to us, including mortgage intermediaries and agents;
- organisations undertaking reviews of the integrity of our operations, including the accuracy and completeness of our information;
- any third party product and service supplier that we have an arrangement with (so that either us or they may provide you with the product or service you have requested or in which you have expressed an interest);
- our solicitors, valuers and insurers (for loan products);
- credit reporting or information verification bodies (or their affiliated entities) in order to obtain and provide details about your credit history or status, to verify other information about you including your identity, to carry out your request to correct your credit information or to resolve your complaint about the handling, use or disclosure of your credit information;
- organisations involved in securitisation arrangements. These organisations include trustees of those arrangements, investors and their advisers;
- organisations who perform services or functions on our behalf (including mailing services, document storage services, direct marketing, data verification services, information technology support and printing our standard documents and correspondence);
- organisations undertaking compliance reviews of financial advisers or mortgage intermediaries; and
- organisations providing any of trustee, administration, custodial, insurance, broker and share trading and financial planning advice services in relation to superannuation.

Any example used above to indicate when we might disclose personal information may not be limited to those examples (or examples of a similar kind).

Personal information will only be disclosed to third parties other than those listed above if you have consented; if you would reasonably expect us to disclose information of that kind to those third parties; if we are authorised or required to do so by law; or it is necessary to assist with law enforcement.

We may have to send personal information overseas, for example, if required to complete a transaction or where we outsource a function to an overseas contractor. Your personal information may be accessed by staff in ING Group entities in Singapore and the Netherlands if necessary to: administer our relationship with you, that provide services or functions to ING, for transactional reasons or to comply with Australian and global regulatory requirements applying to us or the ING Group.



Marketing

We, or other ING Group entities, may provide you with further information about ING Group products and services unless you tell us not to.

If you have provided an email address to us, we may contact you using that email address, including to provide you with information about ING and the products and services that we and the ING Group offer. You may elect not to receive further information about us or our products and services by contacting us online, calling or writing to us.

Access to your personal information

You may request access to limited amounts of personal information that we hold about you – such as your address – by calling us on 133 464. For a more detailed request for access to information that we hold about you, you will need to write to the ING Privacy Officer at GPO Box 4094, Sydney NSW 2001. Please note that requests for access to your personal information may only be made by you or by another person who you have authorised to make a request on your behalf, such as a legal guardian or an authorised agent. We will require you to verify your identity, or the identity and authority of your representative, to our reasonable satisfaction. Depending on the nature and/or volume of the information that you request, an access charge may apply, but not to your request for access itself.

Updating your personal information

Although we take reasonable steps to ensure that your personal information is accurate, up-to-date, complete, relevant and not misleading, we primarily rely on the accuracy of information that you supply to us. If any of your personal information is incorrect, has changed or requires updating, please assist by either:

- updating your details in the "My Personal Details" section found in your menu selection after you log in; or
- contacting us by phone with your Client Number ready.

Complaints

ING is committed to resolving your privacy complaint as quickly as possible and has procedures in place to help resolve any problems or complaints efficiently. For more information on how to make a complaint and how complaints will be handled, see our complete Privacy Policy under "Making a privacy complaint".

Data security

We take steps to protect your personal information from misuse, loss and interference. We also protect it from unauthorised access, modification, disclosure.

If we no longer require your personal information for a purpose, for example, to manage your financial product or provide you with a financial service, then we will take reasonable steps to securely destroy it or permanently remove all identifying features from that information.

Use of internet cookies

ING may use cookies to assist you in accessing information on our websites which is of interest and relevance to you. Cookies are a way of storing information on your computer so you do not have to enter the same data every time you access our sites - for instance, your email address. We may also use cookies to capture general information about how you have found our website, or to track the number of visitors to a site, but we do not store any of your personal details when we do this.

How to contact us

If you have any further questions about privacy at ING please contact us by:

- · calling 133 464
- writing to: ING Privacy Officer GPO Box 4094 Sydney NSW 2001

Our Privacy Statement may be updated from time to time as we strive to improve the standard of service we provide to you.

Privacy Statement for the ING Superannuation Fund

The ING Superannuation Fund Privacy Policy details how we treat your personal information. The following provides an overview of the key aspects of the ING Superannuation Fund Privacy Policy. For the purposes of the ING Superannuation Fund Privacy Policy the terms 'we', 'us' or 'our' refer to the ING Superannuation Fund (Fund) and/or ING in its capacity as promoter of the Fund (ING).

Collection of your personal information

Ordinarily, we'll collect most personal information about you directly from you. For instance, your personal information will be collected when you complete an application form or provide other forms of instructions relating to your account in the Fund, when you apply for insurance or submit an insurance claim or in response to a request for additional information.

Occasionally we may need to obtain personal information about you from a third party, but only if you've consented to us collecting the information in this way or you would reasonably expect us to collect the information about you in this way.

Use and disclosure of your personal information

We'll collect personal information to provide you with information about financial products or services; to assess your application and eligibility for financial products or services including in relation to the Fund; to establish and manage your account in the Fund; to administer our relationship with you; and to communicate with you about us and the products and services we offer, and then only when it's necessary for, or related to, these purposes.

We'll also need to collect personal information necessary to comply with our legal and regulatory obligations.

If you don't provide the personal information that we request, we will generally not be able to provide you with products or services in relation to the Fund.

It may be necessary for us to disclose your personal information to certain ING Group entities or third parties in order to assist us in providing, managing and administering your account in the Fund or for other related purposes. These include:

- the administrator of the Fund undertaking the administration and day-to-day operation of the Fund including establishing and maintaining member records, processing contributions, rollovers and benefits, and providing regular statements;
- the custodian of the Fund providing custody services;
- the insurer responsible for providing insurance cover and assessing insurance claims to members of the Fund;
- the broker or share trader responsible for buying and selling of listed securities;
- the provider of financial tools and calculators on the designated Fund website;
- the ATO as required by law, to administer your account in the Fund, to conduct searches on the ATO's Lost Member Register and to facilitate the consolidation of your superannuation with your consent;



- Government authorities as required or desirable in administering and conducting the business of the Fund, including in complying with relevant regulatory or legal requirements;
- the trustee of another fund where you request that your superannuation be transferred from another superannuation fund into your interest in the Fund or where you request that your superannuation be transferred into another superannuation fund;
- organisations providing financial planning services with which we have entered into an agreement for them to provide financial planning advice services to members of the Fund;
- your financial adviser, your power of attorney, or your appointed representative;
- entities in the ING Group or Diversa Trustees Group in order to service the Fund or other products you may have within these Groups;
- ING Group entities located overseas for administration and security purposes;
- any third party product and service supplier that we have an arrangement with (so that either us or they may provide you with the product or service you have requested or in which you have expressed an interest);
- organisations who perform services or functions on our behalf;
- organisations undertaking reviews of the accuracy and completeness of our information;
- organisations undertaking identity verification services to verify information about you including your identity; and
- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of assessing your claim.

Any example used above to indicate when we might disclose personal information may not be limited to those examples (or examples of a similar kind).

Personal information will only be disclosed to third parties other than those listed above if you have consented; if you would reasonably expect us to disclose information of that kind to those third parties; if we are authorised or required to do so by law; or it is necessary to assist with law enforcement.

We may have to send personal information overseas for example, if required to complete a transaction or where we outsource a function to an overseas contractor. Your personal information may be accessed by staff in ING Group entities in Singapore and the Netherlands if necessary to administer our relationship with you, for transactional reasons or to comply with regulatory requirements applying to us or the ING Group.

Marketing

We, or other ING Group entities, may provide you with further information about our products and services, the products and services offered by ING Group entities or any service providers in relation to the Fund, unless you tell us not to.

If you have provided an email address to us, we may contact you using that email address, including to provide you with information about us and the products and services that we and the ING Group offer. You may elect not to receive further information about us or our products and services by contacting us online, calling or writing to us.

Access to your personal information

You may request access to limited amounts of personal information that we hold about you that are readily available – such as your account balance or personal details - by calling us on 133 464. For a more detailed request for access to information that we hold about you, you will need to write to the ING Privacy Officer at GPO Box 4307, Sydney NSW 2001.

Please note that requests for access to your personal information may only be made by you or by another person who you have authorised to make a request on your behalf, such as a legal guardian or an authorised agent. We will require you to verify your identity, or the identity and authority of your representative, to our reasonable satisfaction. Depending on the nature and/or volume of the information that you request, an access charge may apply, but not to your request for access itself.

Updating your personal information

We take reasonable steps to ensure that your personal information is accurate, up-to-date, complete, relevant and not misleading. For instance, we may ask you to confirm some of your details when you contact us. However, please contact us if you learn that any of your personal information that we hold is incorrect, has changed or requires updating.

Complaints

We are committed to resolving your privacy complaint as quickly as possible and have procedures in place to help resolve any problems or complaints efficiently. For more information on how to make a complaint, see the complete ING Superannuation Fund Privacy Policy under "What to do if you have a privacy complaint".

How to contact us

If you have any further questions about privacy in relation to the Fund please contact us by:

- calling 133 464
- writing to: ING Privacy Officer GPO Box 4307 Sudney NSW 2001

Our privacy statement may be updated from time to time as we strive to improve the standard of service we provide to you.

