## | Shadforth Portfolio Service



30 September 2024

## **Protected Member**

Use this form to inform the Trustee that a member should be classified as a Protected member.

Please complete these instructions in BLACK INK using CAPITAL LETTTERS and  $\checkmark$  boxes where provided.

Step 1: Account details	
Account number (if known)	
Account name	
Date of birth (if account number is not known)	
Name of person completing	this form
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Capacity completing this form	
	(guardian, administrator, power of attorney, financial adviser)
Step 2: Protected	Member Status
legislation.  I have attached a certified OR	order for the guardianship, administration or management of their estate under State, Territory or Commonwealth d copy of the relevant court order.
Step 3: Declaration	
protected person. Any person If you do not provide all of the • I consent to the collection	ects the information in this form and court orders for the purpose of categorising this account as belonging to a nal information provided in this form will be handled in accordance with the privacy policy at <b>portfolio.sfg.com.au</b> requested information, we may not be able to action your request.  and use of the above information by the Trustee for the purposes specified.  iven in this form are true and correct.
	ned under Power of Attorney, the attorney declares that they have not received notice of revocation of that power of Attorney should be submitted with this form unless we have previously received it).
Signature	
	Date / / /
Please forward all correspo  Post Shadforth Portfolio	o Service, GPO Box 264, Melbourne VIC 3001 <b>Telephone</b> 1800 931 7921

portfolioservice@sfg.com.au

Email

portfolio.sfg.com.au

Web

<sup>1</sup> Please select 1 for insurance.