

Authorising a person or organisation to enquire or act on your behalf (outside Australia)

When to use this form

You can use this form to authorise a person or organisation outside Australia to enquire or act on your behalf for Centrelink payments and services.

The arrangements you can make are for a:

- **Person Permitted to Enquire** — this arrangement authorises a person or organisation to make limited enquiries only on your behalf
- **Person Permitted to Update** — this arrangement authorises a person or organisation to make limited enquiries and updates to your information on your behalf
- **Correspondence Nominee** — this arrangement authorises a person or organisation to receive copies of your Centrelink mail and to enquire, act and make changes on your behalf
- **Payment Nominee** — this arrangement authorises a person or organisation to receive your payments on your behalf.

If the person or organisation is in Australia, **do not** use this form. You will need to use the **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form, go to servicessaustralia.gov.au/authorisedrepresentative

Proof of identity

Before the arrangement for an individual can be processed, the person you are authorising is required to provide proof of their identity. To do this, they need to provide with this form:

- a copy of their photo identification
- documentation that verifies their name and address noted on this form.

Important information

We may review your arrangement from time to time. This is to make sure you are happy with the arrangement and that the person or organisation you have authorised is fulfilling their responsibilities.

If you think the access you have provided a person or organisation is being misused, contact us.

Choosing your arrangement

Authorising a person or organisation to enquire, act on your behalf or receive your payment does not prevent you from dealing with us about your Centrelink business.

There are different types of arrangements to help you with your Centrelink business. The information below may help you choose the arrangement that best suits your needs:

- nominees can do more for you than a person who only has permission to enquire.
- you can only have one correspondence nominee and one payment nominee. They may be the same person or, they may be different people.
- you will need to complete a separate form for each person if you want to have a different correspondence nominee to your payment nominee.
- the person you are authorising cannot have a nominee acting on their behalf.
- you can still deal with us, even if you have authorised a person or organisation to assist you.

The person you appoint as a nominee cannot already have a correspondence or payment nominee acting on their behalf.

Keep these Notes (pages 1 to 4) for your information.

Person permitted to enquire or Person permitted to update – obligations and responsibilities

A **Person Permitted to Enquire** or **Person Permitted to Update** can be a partner, a friend, a family member, a professional, an organisation or a combination. Who they are will depend on the type of enquiry or updates you want them to make on your behalf. Some examples of professionals and organisations are accountants, financial advisers, social workers, doctors, etc. This list is not limited. You can change this arrangement at any time.

What type of access will they have

It is your responsibility to make sure that the person or organisation you authorise is aware of what you are allowing them to enquire about and what information they can make updates to. Tell them about any limitation you may place on this authority.

The person or organisation you authorise is required to only use the information we give them according to the limitations of the arrangement.

A **Person Permitted to Enquire** can ask questions about your Centrelink payments and services. This includes asking us:

- your current rate of payment
- the reason your payment has stopped, **and**
- the reason your payment has gone up or down for example, income and assets, debt and back payment information.

A **Person Permitted to Update** can ask questions about your Centrelink payments and services and can make updates to your:

- income and assets, **and**
- personal information.

If we have any doubt about the person's authority to make an enquiry or updates on your behalf, no action will be taken by us until clarification is obtained from you.

Correspondence and Payment Nominee – obligations and responsibilities

You can choose someone to be your correspondence nominee and/or a payment nominee. They can be a different person or organisation for each nominee type or the same for both.

Correspondence Nominee

A **correspondence nominee** is required to:

- advise us of any changes in your circumstances **within 28 days**
- respond to notices if required to do so, including reporting notifiable events and must be aware that failure to respond to a notice means that you have failed to meet your obligations
- act in your best interest, **and**
- advise us of any changes that may affect their ongoing ability as a nominee.

They will receive copies of all your Centrelink letters from us, can enquire, act and make changes to all your Centrelink payments and services on your behalf. This includes:

- asking us questions
- telling us about changes to your circumstances, **and**
- completing and signing forms and statements.

Payment Nominee

A **payment nominee** is required to:

- receive your Centrelink payments
- use your payments exclusively for your benefit
- keep records on how the money was spent. We can review these records at any time. If the nominee does not provide this information, penalties may apply
- act in your best interest, **and**
- advise us of any changes that may affect their ongoing ability as a nominee.

We can give relevant information to them if there are issues with your payment.

If you receive more money from us than you are entitled to, you will be required to repay this money. Your nominee is not required to repay your Centrelink debt on your behalf.

BOTH correspondence and payment nominee

A **BOTH correspondence and payment nominee** arrangement allows your nominee to enquire, act and make changes AND receive payments on your behalf.

Stopping or changing your arrangement

You can cancel or change your arrangement at any time, unless it is a court, tribunal, guardianship or administration appointed arrangement.

When you cancel your nominee arrangement, a letter will be automatically issued to you and your nominee advising that the arrangement has been cancelled at your request.

IMPORTANT INFORMATION: If there are any allegations of misuse of the nominee arrangement, contact us.

For more information

- **Information online** – If you would like further information on Centrelink services and payments, you can go to our website at **servicesaustralia.gov.au**
- **Call Services Australia** – Go to **servicesaustralia.gov.au/phoneus** to see if a free call number is available from your location. If this service is not available call us on **+61 3 6222 3455** (call charges may apply).

You can call us between 8 am and 5 pm (Hobart Time), Monday to Friday.

- You can write to us by:

mail at: **SERVICES AUSTRALIA
CENTRELINK INTERNATIONAL SERVICES
PO BOX 7809
CANBERRA BC ACT 2610
AUSTRALIA**

fax to: **+61 2 6124 8813**

Include your phone number (including country and area code), so we can quickly respond to your query.

Returning your form

Check that you have answered all the questions you need to answer, and that you have signed and dated this form.

This form and all additional documents, including proof of your nominee's identity, are to be returned to Services Australia, Centrelink International Services.

This page is intentionally blank

Authorising a person or organisation to enquire or act on your behalf (outside Australia)

How to complete this form

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this ☐ ► **Go to 1** skip to the question number shown.
- Only **one** person or organisation can be requested on this form.
- Make sure you and your authorised person or organisation sign this form and return it with any requested documents.

Privacy notice

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Part A – Customer details (the person requesting an authorised person or organisation)

1 Your Centrelink Customer Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2 Your name

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name

First given name

Second given name(s)

3 Your date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Your permanent home address

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

Your postal address (if different from above)

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

Has your permanent home or postal address changed since you last told us?

No ☐ ► **Go to 5**

Yes ☐ ► Date of change

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>



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5 Select the type of arrangement you are requesting:

For more information, go to page 2 of the **Notes**.

Tick all that apply

Option 1: Person permitted to enquire

☐

They can ask questions about your payments and services. They cannot make updates to your payments and services.

Option 2: Person permitted to update

☐

They can ask questions about your payments and services and provide information to update your payments and services.

Option 3: Correspondence nominee

☐

They can ask questions about your payments and services, tell us about changes to your circumstances, complete and sign forms/statements, attend appointments with you or on your behalf (if appropriate) and get copies of your letters from us.

Option 4: Payment nominee

☐

They can receive your Centrelink payments on your behalf. Provide your nominee's account details at **question 11**.

6 How long do you want this type of arrangement for?

You can cancel your arrangement at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

For more information, go to page 3 of the **Notes**.

Indefinitely ☐ or until

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part B – Authorised person or organisation details

7 Are you authorising a person or organisation?

Tick one only

Person ☐ ► Go to **Authorised person**

or

Organisation ☐ ► Go to **Authorised organisation**

Authorised person

The authorised person's Centrelink Customer Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The authorised person's name

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name

First given name

Second given name(s)

The authorised person's date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other name(s) the authorised person has been known by

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

The authorised person's contact details

Permanent home address

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

Postal address (if different from above)

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

Contact phone number (including country and area code)

Country () Area code ()

Email

► **Go to 8**

Authorised organisation

The authorised organisation's Centrelink Customer Reference Number (if known)

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Trading name of organisation

This is not the contact person. The name of the contact person is to be provided at the end of this question.

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Business name of organisation (if different from above)

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The authorised organisation's contact details

Permanent address

Country

Postal address (if different from above)

Country

Organisation's email

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Name of contact person

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Contact phone number (including country and area code)

Country ()	Area code ()
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► **Go to 8**

Part C – Customer declaration and Third Party authorisation

8

Tick one only

I declare that I am able to make my own decisions

☐ ► **Go to Customer Declaration**

or

If the customer is not able to make their own decisions

☐ ► **Go to Third Party authorisation**

Read this before continuing.

Make sure you have read **Privacy and your personal information** on page 1 of this form.

Customer Declaration

If the customer is able to make their own decisions but is not able to sign this form, it may be signed by their power of attorney.

Tick this box if a power of attorney is signing the customer declaration

☐

The power of attorney needs to provide:

- a copy of the legal documents
- if there are multiple attorneys with majority or joint decision making, you will need to copy this page and provide the name and signature of each attorney.

Name of the power of attorney

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I declare that the information I have provided in this form is complete and correct.

I authorise the person or organisation named on this form, to deal with Services Australia on my behalf according to the type of arrangement shown on this form.

I understand that:

- this is voluntary and I can cancel this arrangement at any time.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

Your signature



Date

Day	Month	Year

You have now completed **Part C**.

The **authorised person or organisation** is to complete **Part D**.

► **Go to 9**

Third Party authorisation

If the customer is not able to sign this form due to physical or mental disability and the level of access is in the person's best interest, a third party may sign this section on their behalf.



An appropriate third party may be one of the following and they must provide evidence as outlined below:

- a relevant professional, such as a treating doctor, nurse, case worker or social worker
 - provide a letter or the medical evidence of the customer's incapacity
- the holder of an enduring power of attorney
 - provide a copy of the legal document and medical evidence
 - if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement
- the person or organisation holding a guardianship, financial management or administration order
 - provide a copy of the order.

Name of person signing on behalf of the customer

Relationship to customer

Address

Country

Contact phone number (including country and area code)

Country ()	Area code ()
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I declare that:

- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Services Australia on the customer's behalf according to the type of arrangement shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party



Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

You have now completed **Part C**.

The **authorised person or organisation** is to complete **Part D**.

► **Go to 9**

Part D – To be completed by the authorised person or organisation

9 Do you have any of the following:

Power of attorney (financial and/or legal decisions) ☐

Enduring power of attorney (financial and/or legal decisions) ☐

Guardianship order ☐

Financial management/administration order ☐

None of the above ☐



Provide a copy of any documents ticked above.

10 Password

For security purposes, we will ask for this password every time you contact us.

Provide a password

The password needs to have 4 to 12 letters or numbers.

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Payment nominee only to complete

11 Will you be receiving payments on behalf of the customer?

No ☐ **Go to 12**

Yes – by deposit ☐ Give Deposit account details below into account

Complete this if you are a payment nominee.

It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes.

Deposit account

Name of bank or financial institution

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Address of bank or financial institution branch

Country

SWIFT/BIC

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Account number/IBAN

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Name(s) of account holder(s)



Provide a copy of a bank statement including account number, and the name(s) of account holder(s).

Questions continue ►

Authorised person or organisation declaration

- 12** Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

Read **Privacy and your personal information** on page 1 of this form.

I declare that I:

- understand and accept the responsibilities and obligations for the type of arrangement requested in this form.
- will act in the best interest of the customer.

I understand that:

- any personal information I am given access to under this type of arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the authorised person or organisation



Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your relationship with the customer

Tick one only

- Parent of customer ☐
 Child of customer ☐
 Legal guardian ☐
 Partner ☐
 Sibling ☐
 Grandparent of customer ☐
 Grandchild of customer ☐
 Other relative ☐
 Organisation ☐
 Professional ☐
 Other ☐ Give details below

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Checklist

- 13** Which of the following documents are you providing with this form?

Provide a copy of the relevant documents (that can be used outside Australia) or the international equivalent. They do not need to be certified and will not be returned to you.

Tick all that apply

Nominee identity

Copy of nominee photo identification, for example, copy of passport. ☐

Copy of documentation that verifies the nominee's name and address, for example, a utility bill. ☐

Customer declaration – question 8

If the power of attorney completes the customer declaration

- a copy of legal documents. ☐

If multiple attorneys

- copy of page 3 with the name and signature of each attorney. ☐

Third Party authorisation – question 8

If a third party provides authorisation

- a relevant professional, such as a treating doctor, nurse, case worker or social worker
 - a letter or the medical evidence of the customer's incapacity ☐

- the holder of an enduring power of attorney
 - a copy of the legal document and medical evidence ☐
 - if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement ☐

- the person or organisation holding a guardianship, financial management or administration order
 - a copy of the order. ☐

If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents

- Power of attorney (financial and/or legal decisions) ☐
- Enduring power of attorney (financial and/or legal decisions) ☐
- Guardianship order ☐
- Financial management/administration order (as required at **question 9**) ☐

Copy of a bank statement including account number, and the name(s) of account holder(s) (as required at **question 11**) ☐