## Power of Attorney Removal

## Please send completed form and documents to:

Email: tpo-poa@suncorp.com.au (subject line: POA Remove - <Full Name>)

Mail: GPO BOX 1453, Brisbane QLD 4001

Donor Details (The person Attorney/s acting on behalf of)			
Full Name	Date of Birth	Customer/Account Number	Preferred Contact Details
	DD/MM/YYYY		
Attorney Details (Each Attorney named on the POA document to be removed)			
Full Name/Company Name	Date of Birth	Customer/Account Number	Preferred Contact Details
1	D D / M M / Y Y Y Y		
2	D D / M M / Y Y Y Y		
3	D D / M M / Y Y Y Y		
Revoking: Please cancel the POA authority for the person/s nominated as the Attorney/s above			
Name of Person Revoking:			
Relationship of Person Revoking: Donor Attorney Signature of Person Revoking: Request to remove may be taken by phone –			
signature not required	Date:	Identity Verific	ed by: (Bank Use Only)
	DD/MM/	YYYYU	
		☐ Photograp	hic Identification
		☐ Non-Walle	t Questions
		Other:	

