

AUTHORISATION FORM

SECTION A: I wish to nominate

- My partner
- Other (Please specify relationship to member) _____

SECTION B: Policyholder Details

Member number	
Surname	
Given Name(s)	
Date of birth	
Postal address	
Phone number	

SECTION C: Policyholder Declaration

I acknowledge and understand that by nominating the authorised person, as named in Section D, they have the same rights and obligations as myself to access information in relation to this policy. The authorised person may also change details and make claims on behalf of any person covered by this policy.

I acknowledge and understand that they are unable to cancel, add or remove a member other than themselves from this policy. I remain responsible for my policy and for the actions of the authorised person and give this authority at my own risk.

Policy holder's signature	Date
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SECTION D: Authorised person's details

Surname	
Given Name(s)	
Date of birth	
Postal Address	
Phone number	

SECTION E: Authorised person's signature

I acknowledge and understand that by signing this form, I have the same rights and obligations as the policyholder to access information in relation to this policy. I may also change details and make claims on behalf of any person covered by this policy

I acknowledge and understand that I am unable to cancel, add or remove a member other than myself from this policy.

Authorised person's signature	Date
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