

Third Party Access Authority

Complete this form if you want to allow another individual access to your investment/policy information (including personal information) held by us, including closed accounts held by you.

If you have any queries about completing this form, please call us on 1300 421 060 between 8.30am and 5.30pm (AET), Monday to Friday, or email us at administration@allianzretireplus.com.au.

Date of request

1. Investor details

First name

Middle name

Surname

Date of birth

Investment/Policy number/s

Phone

Address

Suburb

State

Postcode

2. Third Party details

First name

Middle name

Surname

Date of birth

Capacity (eg partner, accountant)

Address

Suburb

State

Postcode

Email

Phone

3. Level of authority for Third Party

Tick the access you wish to give to the Third Party

- ☐ Authorised Third Party to be limited to having access to investment/policy information (including personal information) but not able to administer or amend investment/policy details (information requested will be forwarded to the Investor).
- ☐ Authorised Third Party to have authority to deal with or administer the investment/policy (only permitted if a certified copy of an executed Power of Attorney is attached to this Form, see below).

Does the Third Party have current Power of Attorney?

- ☐ Yes (please attach a certified copy of executed Power of Attorney) ☐ No

4. Duration of access to Third Party

Tick how long you require the Third Party to have access (only relevant where there is no Power of Attorney in place)

- ☐ 6 months ☐ 12 months ☐ For the life of the investment/policy (including any renewals)

5. Declaration and Authorisations

By signing this form, I declare that:

- I give authority to the above named individual or company, its representatives and employees (Third Party):
 - to access but not amend any investment/policy information (including personal information about me) that is held by Allianz Australia Life Insurance Limited (AALIL); and/or
 - to administer and deal with my investment/policy/ on my behalf (under the attached Power of Attorney);
- I give authority to AALIL to provide access to my investment/policy information (including personal information) to the above named Third Party
- I, and the above named Third Party, consent to the personal information in this Form being collected by AALIL for the purpose of the authority provided under this Form, and to the information being handled and stored in accordance with AALIL's Privacy Policy which is available on our website: <https://www.allianzretireplus.com.au/footer/privacy-policy.html>
- The above named Third Party shall have the authority given in this form for the duration specified above, and such authority shall expire at the end of the period specified unless I advise AALIL in writing that I wish to revoke the Third Party's authority prior to expiration of the specified period
- All details provided in this form (including any documents provided) are true and correct
- If I am signing on behalf of a company as a 'Company Officer' and as a sole signatory, then I am signing as a sole director and secretary of the company
- Where signing under a power of attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the power of attorney, including the appointed attorney's signature, must be lodged with this form if it has not previously been supplied; and
- I will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.

Person 1

Signature

Full name

Date

Person 2 (if applicable)

Signature

Full name

Date

You can send your form in one of the following ways:



Post

Allianz Australia Life Insurance Limited
Reply Paid 89484, Sydney NSW 2001



Scan and email

administration@allianzretireplus.com.au

Note: if you required to provide a certified copy of the executed Power of Attorney, you can only send this by post.