

Third Party Access Authority Form

Date of Request: ____/____/____
Officer Name: _____

Policy Holder's Details

Full name: _____

Policy Number/s: _____

Address: _____

Date of Birth: ____/____/____

Contact Number: _____

Third Party Details

Full name: _____

Relationship to Policy Holder: _____

Date of Birth: ____/____/____

Level of Authority for Third Party (please tick the access you wish to give to the Third Party)

- Authorised Third Party to be limited to having access to Personal Information but not able to administer or amend policy details (Information requested will be forwarded to the Policy Holder)
- Third Party will have authority to deal with or administer the policy (this includes the ability to cancel the Policy on my behalf)

Does Third Party have current Power of Attorney?

- Yes, please attach a copy of executed Power of Attorney
- No

Duration of Access to Third Party (please tick how long you require the Third Party to have access for. Only relevant where there is no Power of Attorney in place)

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

Policy Holder's Declaration:

- I have read and understood this document; or
- (If the Policy Holder is incapable of reading the document), this document has been read and explained to me and I understand its contents;
- By signing this document, I understand that I give authority to the above named third party

- to access but not amend any Personal Information about me that is held by Allianz Australia Life Insurance Limited; and/or
 - to administer and deal with my policy/ies on my behalf.
- I understand that giving this authority means giving Allianz Australia Life Insurance Limited permission to provide the above named person with access to my Personal Information and details of my policy.
- I understand that the abovementioned third party shall have the authority given in this form for the duration I have specified above, and that such authority shall expire at the end of the period specified unless I notify Allianz Australia Life Insurance Limited in writing that I wish to revoke the third party's authority prior to expiration of the above specified period.

Name: _____

Signed: _____

Date: ____/____/____