

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Please complete this form if you want access to your policy information (including personal information) held by us, including closed accounts held by you. We require proof of your identity before we can respond to your access request.

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

Policy number/s

Phone

Address

Suburb

State

Postcode

2 INFORMATION REQUIRED

3 AUTHORISATIONS

Investor 1/Company Officer/Attorney

Name

Signature

Date

Capacity (if applicable)

Sole director

Director

Investor 2/Company Officer/Attorney

Name

Signature

Date

Note: We will contact you for additional information if the scope of your information request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your access request as soon as we have verified your identity and have all the information we need to locate your personal information.

Applicable law may allow or require us to refuse to provide you with access to some or all of the personal information that we hold about you, or we may have destroyed, erased, or made your personal information anonymous in accordance with our record retention obligations and practices. If we cannot provide you with access to your personal information, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

Send your completed 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