

THIRD PARTY ACCESS AUTHORITY

Please complete this form if you want to allow another individual access to your 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Policy number/s	Phone
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 THIRD PARTY DETAILS

First name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Capacity (e.g. partner, accountant)	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone	
<input type="text"/>	<input type="text"/>	

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

Does 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

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)

5 INVESTOR'S DECLARATION AND SIGNATURES

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 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 policy/ies on my behalf (under the attached Power of Attorney);
- I give authority to AALIL to provide access to my 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 release and indemnify AALIL against any liabilities that may arise out of AALIL acting on any incorrect information received in writing or electronically from me.

5 INVESTOR'S DECLARATION AND SIGNATURES

Investor 1/Company Officer/Attorney

Name

Signature

Date

Capacity *(if applicable)*

Sole director

Director

Investor 2/Company Officer/Attorney

Name

Signature

Date

Note: If you are providing original certified documents with your form, you can only send these by post, otherwise 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