

Authority to release information

When to use this form

This form should be used if you want us to provide information about your policy to a nominated authorised representative e.g. spouse, relative, friend, lawyer, financial adviser.

Note: If you are appointing a lawyer, financial adviser or other professional service provider, and they have their own version of this form, we can accept this as your authority to release information, provided it includes all the information specified in this form.

Policy details

Policy number(s)

Claim or complaint number (if applicable)

Policy owner/member details

If there is more than one policy owner, we need authority from all policy owners to release information to a third party.

Policy owner 1

Title

Given name(s)

Surname

Date of birth

Residential address

Suburb

State

Postcode

Preferred contact number

Email address

Policy owner 2 (if applicable)

Title

Given name(s)

Surname

Date of birth

Residential address

Suburb

State

Postcode

Preferred contact number

Email address

Authorised representative details

Title	Given name(s)		
<input type="text"/>	<input type="text"/>		
Surname	Date of birth		
<input type="text"/>	<input type="text"/>		
Residential address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred contact number	Email address		
<input type="text"/>	<input type="text"/>		
Company name (if applicable)			
<input type="text"/>			
Relationship to you			
<input type="text"/>			
Authorised representative signature			Date signed
<input type="text"/>			<input type="text"/>

Declaration and authorisation

By completing this Authority to release information, I acknowledge and agree with the following statements:

- I authorise Resolution Life to communicate with the authorised representative nominated in this form about information relating to the policy(ies) listed above, including any financial information, claims, servicing and policy administration issues and/or complaints.
- I have read Resolution Life's privacy policy, which is available at resolutionlife.com.au/privacy, and I acknowledge how Resolution Life handles, stores, collects, uses and discloses my personal and sensitive information, including disclosing information to my nominated authorised representative, as provided under this Authority.
- I understand that this Authority does not allow the authorised representative to make any changes to my policy(ies) or details or transact on my behalf.
- This Authority will be valid until the earlier of the Authority being revoked by me or the nominated date below.

This Authority to release information is valid until

Policy owner 1/Member signature	Date signed
<input type="text"/>	<input type="text"/>
Policy owner 2 signature (if applicable)	Date signed
<input type="text"/>	<input type="text"/>

Where to send this form

Send your completed form to us:

 Resolution Life, PO Box 5441, Sydney NSW 2001

 askus@resolutionlife.com.au

Need more information

- The fastest way is to chat with us online at resolutionlife.com.au
- Call us on 133 731

The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you.

Resolution Life is part of the Resolution Life Group and can be contacted via resolutionlife.com.au/contact-us or by calling the number mentioned above.