

Notice of Non-Revocation

This form should be completed by the Attorney and accompanies other documentation signed in their capacity as Attorney.

! Ensure to complete this form every 12 months, from the date on which the Power of Attorney was granted is more than five years.

Please print in CAPITAL LETTERS and place a cross **✗** in any applicable boxes.

1. Plan owner details

Plan owner

Plan name

Product type

Plan number

Date of birth

D	D	M	M	Y	Y	Y	Y
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2. Power of Attorney's details

a. Name of the person currently holding Power of Attorney

b. Date on which the Power of Attorney was granted

D	D	M	M	Y	Y	Y	Y
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c. Name of the person who granted this Power of Attorney

3. Declaration

Please indicate that you agree with the following statement by placing a cross **✗** in the check box.

I have not received any notice informing me that this Power of Attorney has been suspended or revoked.

4. Authorisation

Signature of person currently holding Power of Attorney

✗

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form

Email or mail this completed form to:

askus@resolutionlife.com.au
Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001