

Authorities

Information sheet

When to use this form

Use this form to authorise Resolution Life or external parties to take certain action in relation to your claim including to collect or disclose your information.

We will only use this form to collect information that we reasonably need to assess your claim and policy.

Privacy—use and disclosure of personal information

Under the current Resolution Life privacy policy you may access personal information about you held by the Resolution Life Group. The Resolution Life privacy policy sets out the Resolution Life Group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints.

The Resolution Life privacy policy can be obtained online at resolutionlife.com.au or by calling our customer service centre on **133 731**.

Personal information

The privacy of your personal information is important to us. We may collect personal information directly from you or your financial adviser.

We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

Our main purpose in collecting personal information from you is so we can assess your claim. If you choose not to provide the information necessary to assess your claim, then we may not be able to process it.

We usually disclose information of this kind to:

- other members of the Resolution Life Group
- your financial adviser or broker (if any)
- the owner of the policy (if applicable)
- your parent or guardian, if you are under age 18
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the Resolution Life Group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our privacy policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's lost member register for lost super
- anyone you have authorised or if required by law.

Sensitive information

If sensitive information, such as health information, is collected in relation to this financial product, then additional restrictions apply.

Resolution Life may collect health information directly or using a third party provider. The main purpose for obtaining this health information is so we can assess your claim.

Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications for new or additional insurance to the policy and assessing cover under the policy.

Resolution Life may disclose your health information to:

- other members of the Resolution Life Group
- the financial adviser or broker responsible for the policy
- your parent or guardian, if you are under age 18
- the trustee
- the owner of the policy (if applicable)
- Resolution Life's reinsurers
- medical practitioners
- any person Resolution Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you're an insured person, aspects of your health information may be provided to the owner of the policy in reviewing terms of acceptance or if the standard policy rates are varied.

If you're an insured person, Resolution Life and/or its third party provider may also speak to a third party (including a spouse, family member, personal assistant, financial adviser or other relevant party) to arrange an appointment in relation to your claim.

Please keep this information sheet for your records—
don't return it with your completed form(s).

Authorities

Use this form to authorise Resolution Life or external parties to take certain action in relation to your claim including to collect or disclose your information.

We will only use this form to collect information that we reasonably need to assess your claim and policy.

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

1. Personal details

Claim number

Plan/Policy/Member number

Insured person

Name

Date of birth

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Owner (if different to insured person)

Name

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

2. Privacy

Complete this section to acknowledge that you:

- have read and understood the **privacy-use and disclosure of personal information** as set out in the information sheet.
- consent to your personal information being collected and used in line with the privacy disclosure statement.
- acknowledge that you can opt out from the use of that information for the purpose of direct marketing by calling **133 731**.

Name of insured person

Signature

Date

Name of owner (if different to insured person)

Signature

Date

3. Authority for the Trustee and the Insurer to deal with the insured

! For a non-super benefit, if the insured person is different to the owner then the **owner must sign this section.**

I authorise for Resolution Life to communicate with the insured person in relation to the claim.

Name of owner

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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4. Authority to collect, use and disclose your information

! **Important:** Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

Accountant

- I authorise my accountant listed below to disclose to Resolution Life (or its representatives), and for Resolution Life to collect from my accountant, all information that Resolution Life requests in connection with my claim and policy.

Accountant name and business name

Contact phone number

Address

Suburb

State

Postcode

Email address

Financial adviser

- I authorise my financial adviser and/or relevant staff of my financial adviser's business (mentioned below) to disclose to Resolution Life (or its representatives), and for Resolution Life to collect from my financial adviser, all information that Resolution Life requests in connection with my claim and policy.
- I consent to the disclosure of claim information to my financial adviser and/or relevant staff of my financial adviser's business (mentioned below), including claim number, assessment progress and payment updates.
- I consent to the disclosure of my sensitive information to my financial adviser and/or relevant staff of my financial adviser's business (mentioned below), including financial and medical/ health information, in relation to my claim(s), for the purpose of assisting with the assessment and management of my claim(s).
- I authorise my financial adviser, and/or relevant staff of my financial adviser's business (mentioned below), to act on my behalf in relation to my claim.

Financial adviser name and business name

Contact phone number

Adviser code

Address

Suburb

State

Postcode

Email address

4. Authority to collect, use and disclose your information (continued)

Employer

- I authorise the employer listed below to disclose to Resolution Life (or its representatives) all information that Resolution Life may request in connection with my claim and policy.

Organisation name	Contact name	Phone number	Email address

Other insurers (eg workers' compensation, CTP, other life insurer)

- I authorise the parties listed below to disclose to Resolution Life (or its representatives) any medical or other information that I would be entitled to (under the *Freedom of Information Act 1982*, any other Acts of Parliament and under general law) in relation to any claims I've made to the insurer or any matters in connection with my claim and policy.
- I authorise the parties listed below to release to me a complete copy of all the medical information they have released to Resolution Life.

Organisation name	Policy/Claim number	Contact name	Email address

Nominate someone to represent you

- I authorise the representative(s) and/or relevant staff of my legal representatives' firm listed below to act on my behalf in relation to my claim.
- I consent to the disclosure of claim information to the representative(s) and/or relevant staff of my legal representatives' firm listed below, including claim number, assessment progress and payment updates.
- I consent to the disclosure of my sensitive information to the representative(s) and/or relevant staff of my legal representatives' firm listed below, including financial and medical/health information, in relation to my claim(s), for the purpose of assisting with the assessment and management of my claim(s).

Nominated representative name 1

Name of representative's organisation (if relevant)

Relationship of representative to the person giving authority

Contact phone number

Address

Suburb

State

Postcode

Nominated representative name 2 (if applicable)

Name of representative's organisation (if relevant)

Relationship of representative to the person giving authority

Contact phone number

Address

Suburb

State

Postcode

5. Declaration and signature

- I agree to provide updated or additional authorities for the request of information throughout the duration of the claim.
- I agree that a copy of this authorisation is as effective and valid as the original.

Name of person giving authority

Signature

Date

Checklist

Have you (cross each box):

- completed sections **1** to **4** of this form (where relevant)?
- read the privacy–use and **disclosure of personal information** as set out in the **information sheet** and in section **2** of this form?

Where to send this form

Mail or email this completed form to:

Resolution Life Claims
GPO Box 5441
Sydney NSW 2001
claims@resolutionlife.com.au

Any questions?
133 731