

# Third party authority

## Important information:

This form can be emailed to: [retirement@acenda.com.au](mailto:retirement@acenda.com.au)

**Please note:** The following authority only allows for the provision of such things as account information, balances, component / investment break-ups etc (either over the phone or in writing). It does not extend to the ability for the third party to make changes on the account such as a change of address or change of beneficiary, to transact on the account, or to be provided with nominated account details (if applicable). If you wish for the third party to have greater powers, you should formally set up a 'Power of Attorney' in conjunction with this authority (for over the phone enquiries).

## 1. Details of account/policy owner(s) granting authority

(All fields must be completed)

### Account/Policy owner

Title	Date of birth (dd/mm/yyyy)	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	Country			
<input type="text"/>	<input type="text"/>			
Surname	Email address			
<input type="text"/>	<input type="text"/>			
Postal address held by Resolution Life				
<input type="text"/>				
<input type="text"/>				

## 2. Policies/accounts on which information can be provided

Product	Account or client numbers <sup>1</sup>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

☐ Please cross ☒ this box if you wish for this authority to extend to any other Savings and Investments accounts/products held in your name, which are not recorded above.

## 3. Details of the authorised third party adviser

Name of nominated person	Country
<input type="text"/>	<input type="text"/>
Relationship	Date of birth
<input type="text"/>	<input type="text"/>
Postal address	Mobile number
<input type="text"/>	<input type="text"/>
<input type="text"/>	Alternate phone number
<input type="text"/>	<input type="text"/>
Suburb	State
<input type="text"/>	<input type="text"/>
Postcode	Postcode
<input type="text"/>	<input type="text"/>
	Password (if applicable)
	<input type="text"/>
	Email address
	<input type="text"/>

#### 4. Resolution Life's Privacy Policy

Our privacy policy contains information on how we collect, use and disclose your personal information, as well as other important information on how we deal with privacy. Visit [resolutionlife.com.au/privacy](https://resolutionlife.com.au/privacy) for a copy.

#### 5. Limitations/Restrictions/Expiry date

(If applicable)

Any limitations, restrictions or expiry date (you may wish to impose on this authority) should be detailed below. The absence of any details will imply that this authority is to remain in place until further notice.

Limitations/Restrictions


Expiry date

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Signature of account/policy<sup>1</sup> owner

X
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Date

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Signature of authorised third party

X
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Date

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#### Where to send this form

Email this completed form to:

[retirement@acenda.com.au](mailto:retirement@acenda.com.au)

Post:

**Acenda**  
**GPO Box 3306**  
**Sydney NSW 2001**

<sup>1</sup> Depending on the type of product the member has, this may be referred to as a policy, member, account, contract or client number.

#### What you need to know

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