

## Third party authority

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

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## Important information

**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).

(If account/policy is held in	n joint names, A and B need to b	pe completed)	
A. Account/policy owner		B. Joint account	/policy owner
Title	Date of birth	Title	Date of birth
	D D M M Y Y Y Y		D D M M Y Y Y
Given name(s)		Given name(s)	
Surname		Surname	
Postal address held by Reso	olution Life	Postal address held	d by Resolution Life
Suburb		Suburb	State Postcode
Suburb	State Postcode	Suburb	State Postcode
Country		Country	
Email address		Email address	
a Dalisias/assaunts a	a mhigh information can be		
2. Policies/accounts of	n which information can be j	provided	
Product Acc		Account or client nur	mbers <sup>1</sup>

☐ 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.

<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.

3. Details of the authorised third party adviser	5. Limitations/Restrictions/Expiry date
Given name(s)	(If applicable)
Surname	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.
Business/company address	Limitations/Restrictions
Suburb State Postcode	
Country	Expiry date
Mobile/contact number	a. Signature of account/policy¹ owner
ABN or AFSL number	×
☐ This authority is to also extend to other office staff acting on my behalf.	Date  D D M M Y Y Y Y  b. Signeture of igint account/policy/l guyper
4. Resolution Life's Privacy Policy	b. Signature of joint account/policy¹ owner
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 <b>resolutionlife.com.au/privacy</b> for a copy.	Date D D M M Y Y Y Y
	Signature of authorised third party
	×
	Date D D M M Y Y Y Y
	Where to send this form
	Email this completed form to:

au.service@resolutionlife.com.au

## What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of this product.

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<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.