

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).

Given name(s) Given name(s) Given name(s)	(If account/policy is held	in joint names, A and B need to b	e completed)		
Given name(s) Given name(s) Surname Surname Postal address held by Resolution Life Postal address held by Resolution Life Suburb State Postcode Suburb State Postcode Country Country Email address Email address Email address 2. Policies/accounts on which information can be provided	A. Account/policy owner	r	B. Joint account	/policy owner	
Surname Surname Surname Postal address held by Resolution Life Postal address held by Resolution Life Suburb State Postcode Country Country Email address Email address Email address 2. Policies/accounts on which information can be provided	Title	Date of birth	Title	Date of birth	
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Email address Email address 2. Policies/accounts on which information can be provided					
2. Policies/accounts on which information can be provided	Country		Country		
2. Policies/accounts on which information can be provided	Email address		Email address		
	Email address		Email address		
Product Account or client numbers¹	2. Policies/accounts of	on which information can be p	rovided		
	Product	Δ	account or client nur	mbers¹	
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☐ 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.

¹ 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 DDMMYYYY
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 resolutionlife.com.au/privacy 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

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

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 can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.

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