

Third party authority

! Important information

This form can be emailed to: **au.service@resolutionlife.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

(If account/policy is held in joint names, a and b need to be completed)

a. Account/Policy owner			b. Joint account/Policy owner		
Title	Date of birth		Title	Date of birth	
<input type="text"/>	<input type="text" value="DDMMYYYY"/>		<input type="text"/>	<input type="text" value="DDMMYYYY"/>	
Given name(s)			Given name(s)		
<input type="text"/>			<input type="text"/>		
Surname			Surname		
<input type="text"/>			<input type="text"/>		
Postal address held by Resolution Life					
<input type="text"/>					
<input type="text"/>					
Suburb	State	Postcode	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country			Country		
<input type="text"/>			<input type="text"/>		
Email address			Email address		
<input type="text"/>			<input type="text"/>		

2. Policies/Accounts on which information can be provided

Product	Account or client numbers ¹
<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.

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

Name of nominated person

Relationship

Date of birth

Postal address

Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Password (if applicable)

Email address

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 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

a. Signature of account/policy¹ owner

Date

b. Signature of joint account/policy¹ owner

Date

Signature of authorised third party

Date

Where to send this form

Email this completed form to:

au.service@resolutionlife.com.au

¹ 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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