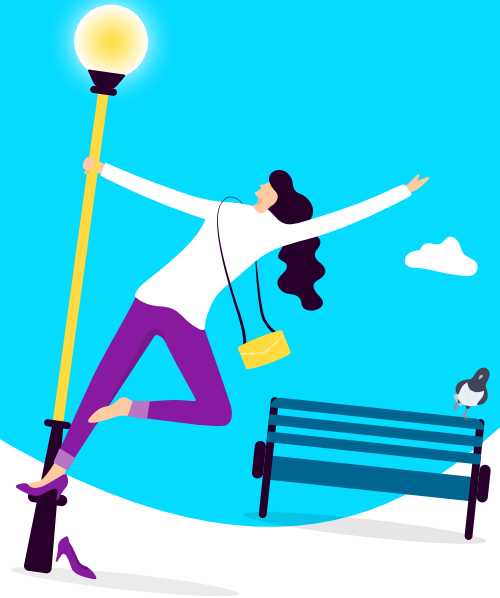


integrity.

# Financial Authority.



We, Integrity Life Australia Limited (Integrity Life), may collect and use your financial information for the purpose of assessing your application for Cover.

We require your consent for your nominated accountant or your financial adviser to release information about you.

If you choose to withhold your consent, we may not be able to process your application or make changes to your existing Cover.

Please complete the following below:

## Life insured's details

Title \_\_\_\_\_ First name \_\_\_\_\_

Additional names \_\_\_\_\_ Last name \_\_\_\_\_

Mobile phone \_\_\_\_\_ Home phone \_\_\_\_\_

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address  
{Same as residential / OR} \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## Authority

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I, the Life Insured, agree to all of the following:

- My nominated accountant and/or financial adviser can share my financial information with Integrity Life.
- This authority is to be accepted as my agreement to release information and records about me to Integrity Life, in the form requested by Integrity Life.

This authority is provided for the purpose of either assessing my application for Cover, increasing my existing Cover and/or verifying disclosures I have made in connection with my Cover held with Integrity Life.

**Signature**

**Date**

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Please return the completed form to [hello@integritylife.com.au](mailto:hello@integritylife.com.au)

If you need any more information, please call 1300 54 33 66.