

Third Party Authority Form.



This form is to be used to authorise **Integrity Life Australia Limited (Integrity Life)** ABN 83 089 981 073 AFSL 245492 to provide information about your insurance Policies to a third-party representative such as your Financial Adviser, spouse, legal practitioner or any other nominated party.

Please note, if the Life Insured is different to the Policy Owner, the Policy Owner cannot provide a third party with authority to access personal or sensitive information about the Life Insured. In this case the Life Insured must also complete this form.

Please return this completed form to hello@integritylife.com.au

Authorising Party

(Please complete the relevant section(s))

Complete this section if you are an Individual.

If this authority relates to multiple policies that are owned by different Policy Owners each relevant Policy Owner needs to sign this form.

Policy Owner/Member	Life Insured	Policy Owner
Title:		Title:
Surname:		Surname:
Given name:		Given name:
Mobile:		Mobile:
Email:		Email:
Address:		Address:
State:		State:
Postcode:		Postcode:
Date of birth:		Date of birth:
Policy number(s):		Policy number(s):

Complete this section if you are a Company or Trust.

Authority for a company must be provided by:

- Two Directors; or
- One Director and Company Secretary' or
- The Director for a proprietary company that has a sole director who is also the sole company secretary; or
- If the Policy Owner is one (1) or more individual trustees, this form should be signed by all individual trustees.

Provide details on the two authorising parties below, noting that these parties must be the parties who sign this form.

Company Name or Trust Name:

Policy Number:

Authorising Party 1	Authorising Party 2
Surname:	Surname:
Given name:	Given name:
Position:	Position:
Mobile:	Mobile:
Email:	Email:
Address:	Address:
State:	State:
Postcode:	Postcode:
Date of birth:	Date of birth:

Nominated Third Party Representative

Title:

Surname:

Given name:

Mobile:

Email:

Address:

State:

Postcode:

Date of birth:

Policy number(s):

Third Party Representative

Title:

Full Name:

Date of birth:

Mobile:

Email:

Address:

State:

Postcode:

Relationship to you:

Company Name: (If applicable)

Authorised Rep #: (If applicable)

AFSL Number: (If applicable)

If acting under a Power of Attorney, please provide a certified copy and attach to this form.

Signature of Third Party Representative

**Full
Name:**

Signature:

Date:

Protecting your Personal Information and Privacy

We're committed to safeguarding your privacy and the confidentiality of your personal information and are bound by the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) (the Act).

We collect your personal information (including sensitive information) to assess your Application, administer your Cover and enhance our customer service or products. If you do not provide all information requested, we may not be able to issue or administer your Cover.

We may disclose your information, where relevant, to other insurers and reinsurers, our service providers, our business alliance or as required by law within Australia or overseas. These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti Money Laundering and Counter Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as well as any amendments and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

When Cover is arranged by one of our business partners or intermediaries, you consent to us providing all of your personal information to that business partner or intermediary, which may include sensitive information and claim information. That business partner or intermediary will also provide us with personal information. You should read the Privacy Policy of that business partner or intermediary to find out how they collect, hold, use and disclose your personal information.

Privacy Policy

Our Privacy Policy provides more detail about how we handle your personal information. For the full version of our Privacy Policy, please refer to <https://integritylife.com.au/privacy-policy> or contact us on 1300 54 33 66.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information.

If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer using the following contact details:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

Address: PO Box R1741 Royal Exchange, NSW 1225

If you're having difficulty completing this form due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you while speaking with us. Just contact us at hello@integritylife.com.au or 1300 54 33 66 between 9am and 5pm AEST, Monday to Friday.

Declaration

By signing this Third Party Authority Form:

- I/We understand that I/we are providing consent for Integrity Life to provide the third party representative with information in relation to my/our Policy(ies) including information in relation to financial information, claims, service and policy administration issues and/or complaints;
- I/We understand that this authority does not extend to the third party representative being able to change my/our details, Cover or carry out any transactions on my/our behalf except where the third party representative is authorised under a Power of Attorney;
- I/We understand that Integrity Life is not responsible for any loss and/or liabilities which may result from Integrity Life providing information to the nominated third party representative;
- I/We understand that this Authority will remain in place until I/We revoke it in writing to Integrity Life;
- I/We agree to my information being used in accordance with Integrity Life's Privacy Policy set out above.

Authorising Party	Authorising Party	Authorising Party
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

Please return this completed form and supporting documentation by email to hello@integritylife.com.au