Third party authority form

Authorisation for third-party representation to act on your behalf

- By completing this form, you authorise another person (the 'third party authority') to discuss your Acenda policy on your behalf. This person will be authorised to receive your personal information and other policy information. Where you are also the life insured, you can elect that they also receive your health and other sensitive health information.
- Section 1 is to be completed if the policy is owned by a Company or Self-Managed Super fund. Section 2 is to be completed if the policy is individually owned. You do not need to complete both sections 1 and 2..
- We respect your privacy and handle your information in accordance with our privacy policy, available on **acenda.com.au/privacy-policy**

Policy number

Policy number

Policy number

Policy number

Policy number

☐ Only the above policies

Or

☐ All policies in the name of the below Policy owner/s

Section 1: Company/Self-Managed Super Fund (SMSF) to complete

Name of company (if applicable)

Name of fund (if applicable)

Postal address

Your postal address cannot be your financial adviser's address.

Unit number | Street number | PO Box | Street name

Suburb | State | Postcode | Country

Contact details

Home telephone | Business telephone | Mobile

Email

The Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund
Smart Future Trust
ABN 68 964 712 340

The Insurer
Nippon Life Insurance Australia and New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

☐ I/We authorise the third-party authority below to obtain information (other than sensitive/health information) on my/our behalf of the above policy number(s).

☐ **(Optional)** Where the Policy owner is the same as the life insured - I authorise the third-party authority below to obtain my sensitive/health information on my/our behalf of the above policy numbers. This may include the release of my personal statement in my Original Application to the third-party authority below.

	Name of Signatory 1	**Name of Signatory 2**
Title		
Full name		
Role of Signatory (Tick appropriate role)	☐ Individual ☐ Trustee ☐ Director ☐ Company Secretary ☐ Sole Director	☐ Individual ☐ Trustee ☐ Director ☐ Company Secretary

Name of Director/Trustee 1

Name of Director/Trustee 2

Signature of Director/Trustee 1

X Date (DD/MM/YY)

Signature of Director/Trustee 2

X Date (DD/MM/YY)

Section 2: Policy owner(s) for individually owned policy to complete

I/We

Name of Policy owner 1

Name of Policy owner 2

Date of birth of Policy owner 1 (DD/MM/YYYY)

Date of birth of Policy owner 2 (DD/MM/YYYY) (if applicable)

Duration of authority (eg 6 months or indefinitely)

Contact telephone (business hours)

Please note that if a specified term is not nominated this authority will be valid indefinitely.

Postal address

Your postal address cannot be your financial adviser's address.

Unit number | Street number | PO Box | Street name

Suburb | State | Postcode | Country

Section 2: Policy owner(s) for individually owned policy to complete (continued)

☐ I/We authorise the third-party authority below to obtain information (other than sensitive/health information) on my/our behalf of the above policy number(s).

☐ **(Optional)** Where the Policy owner is the same as the life insured – I authorise the third-party authority below to obtain my sensitive/health information on my/our behalf of the above policy numbers. This may include the release of my personal statement in my Original Application to the third-party authority below.

Name of Policy owner 1 or Power of Attorney 1

Name of Policy owner 2 or Power of Attorney 2 (if applicable)

Signature of Policy owner 1 or Power of Attorney 1

X Date (DD/MM/YY)

Signature of Policy owner 2 or Power of Attorney 2 (if applicable)

X Date (DD/MM/YY)

If signed under the Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be faxed or emailed.

Section 3: Third party authority

This information will be used for our security checking procedures.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Or Company Representative

Company name

ABN

AFSL

Contact details

Home telephone

Business telephone

Mobile

Email

Postal address

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Section 4: Send us your form

Please return your completed, signed and dated form to:

Acenda – Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.

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