

Third party authority form – access to information

Please complete this form if you want to allow your financial adviser, financial professional or other person to access information regarding your ClearView life insurance policy/policies.

This form must be completed by the policy owner/owners or the person insured where the policy is owned by ClearView Life Nominees Pty Ltd.

Your ClearView life insurance policy details

Policy number

Policy owner

Financial adviser details

Full name of financial adviser

Email address

Contact number

ClearView financial adviser number

Dealer group

Financial professional or other person's details

Full name of person

Email address

Contact number

Relationship to the policy owner(s)

Declaration of the policy owner (or person insured where the policy is owned by ClearView Life Nominees Pty Ltd)

I consent to and authorise ClearView to disclose information relating to the specified policies, including my personal information, to the nominated financial adviser, financial professional or other person.

For any policies where I am not the person insured, I confirm that the person insured has given consent for the nominated financial adviser, financial professional or other person to access the policies including their personal information.

Full name of policy owner 1

Signature of policy owner 1

Date

Full name of policy owner 2

Signature of policy owner 2

Date



If there is more than one policy owner, this declaration must be signed by all policy owners.

Important information about your privacy

The privacy of our customers is important and we are bound by obligations imposed by privacy laws, including the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

The way in which we collect, use, secure and disclose your personal information is explained in our Information Handling Policy. If you would like a copy please call us on 1800 357 727 or refer to our website at www.clearview.com.au.

Sending your form:

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Email

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Enquiries

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