

Third party request for information

(This form is to be completed by customers to request the addition of nominated third party authority)

Policy owner/investor details

All correspondence will be sent to the address of policy owner 1

Mr
 Mrs
 Ms
 Miss
 Dr
 Other

 (please state)

First name

Last name

Please complete the details below and send us a copy of your driver licence or passport (signature, details and photo page).

Date of birth
 Gender Male Female

Policy owner address details

Postal address

Town/City Postcode

Contact details

Home Work

Mobile

Email address

Policy owner/investor 2 details

If there are more than two policy owners/investors, please use multiple copies of this form.

Mr
 Mrs
 Ms
 Miss
 Dr
 Other

 (please state)

First name

Last name

Please complete the details below and send us a copy of your driver licence or passport (signature, details and photo page).

Date of birth
 Gender Male Female

Policy owner address details

Postal address

Town/City Postcode

Contact details

Home Work

Mobile

Email address

Policy/portfolio details

Your policy numbers

Please list all your policies or portfolio numbers and indicate which ones you wish to give third party authority for. In the event that you do not list a policy/portfolio, the presumption will be that you wish to give third party authority for all policies/portfolios.

If you have additional policies/portfolios, please use multiple copies of this form.

Policy number	Policy type	Third Party Authority
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please cross this box if you wish for this authority to extend to any products held in your name, which are not recorded above.

Requestor – third party authority details

First names

Last name

Relationship to policy owner(s)/investor(s) (eg, auntie, broker, Adviser)

Contact details

Phone

Email address

Signature of third party authority

By signing below, you acknowledge and agree that you have read and understood the Privacy Acknowledgement below.

Signature

Date

Declaration and agreement

Resolution Life Customer Services

Email askus@resolutionlife.co.nz

Phone 0800 808 267

Post Resolution Life
PO Box 1692,
Wellington 6140,
New Zealand

- The authority relates to all policy or portfolio(s) held by the policy owner(s) or investor(s), as indicated on page one.
- This authority is valid for five years unless the authority is held by an Adviser, Broker or Financial Planner. It is then only valid for six months.
- The five years commence on and from the date that this Third Party Authority form is signed.
- We will not accept an authority request with an execution date of any more than 60 days.
- A letter will be sent to the policy owner(s) or investor(s) advising that the third party authority is in place and the letter will confirm the authority's expiry date.
- Resolution Life as common practice will notify your adviser of this third party authority.
- Any authorised third party will only be entitled to information that the person giving the authority is entitled to receive.
- For security reasons Resolution Life reserves the right to contact the policy owner(s) or investor(s) to confirm the validity of this request.
- By signing below, you agree that the third party authority can contact Resolution Life and request information about the policies/portfolios on page one or that are deemed to be within the third party's authority, and that Resolution Life can disclose such information to the authorised third party.

Signature of policy owner/investor

Date

Signature of policy owner/investor 2

Date

Personal information

Privacy acknowledgement

This statement relates to the personal information that you are providing here and the personal information that may be held about you and the Policy Owner(s) by Resolution Life already or in the future:

- The personal information collected will be held by Resolution Life and will be used to process and administer this Third Party Authority and the Policy(s).
- We may exchange your and the Policy Owner(s) personal information with Resolution Life's related companies (whether incorporated in New Zealand or elsewhere), including their subsidiaries, associated companies, agents, and any third parties authorised by Resolution Life to collect, administer and manage information on its behalf, as further explained in the Resolution Life Privacy Policy.
- Resolution Life holds all Personal Information securely and in accordance with the Privacy Act and our Privacy Policy.
- You and the Policy Owner(s) have rights of access to and correction of your personal information. Further details about how Resolution Life collects, uses, stores, and discloses Personal Information is outlined in our Privacy Policy, available at: <http://resolutionlife.co.nz/privacy>. If you have any questions or require any further information please get in touch with Resolution Life via <https://resolutionlife.co.nz/contact-us> or by calling on 0800 808 267 or email at askus@resolutionlife.co.nz.