

Request for personal information form

Please print clearly in BLOCK LETTERS. Once completed, please return to us using the details below.

Complete this form to request access to Personal Information held by one of the companies within the ClearView Group. Please provide as much information as you can as this will assist us in reviewing and responding to your request.

Personal Information will only be released to a third party if the person to whom the information relates has completed a Third Party Authority Form, nominating the person requesting the information.

Your details

Title	Gender	Date of birth
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given name(s) <input type="text"/>	Surname <input type="text"/>	

Residential address or mailing address

Street number and name

Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
-----------------------------	----------------------------	-------------------------------

Contact details

Home number <input type="text"/>	Work number <input type="text"/>
Mobile <input type="text"/>	Email address <input type="text"/>

Person to whom the personal information relates (if different from above)

Title	Gender	Date of birth
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given name(s) <input type="text"/>	Surname <input type="text"/>	

Relationship with owner of the personal information

Please provide detail on your relationship with the owner of the personal information, including why you are making this request.

Residential address or mailing address

Street number and name

Suburb

State

Postcode

Contact details

Home number

Work number

Mobile

Email address

Information requested

Please provide an outline of the information you are requesting, identifying any specific documents where possible (attach additional pages / documents if necessary).

Declaration

I confirm that the information I have given is, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this request.

Name

Signature

Date

Office use only:

Date received

Sending your form

Please send the form to us via email or mail.

Mailing address:

**ClearView
Reply Paid 4232
Sydney NSW 2001**

Email address:

clearviewlife.maintenance@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 979**.

ClearView ClearChoice and LifeSolutions are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView ClearChoice Super and LifeSolutions Super are issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.

clearview.com.au

All other life insurance products are issued by ClearView.