

## Third party authority form – Access to information

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

This form must be signed by the policy owner/owners. If the policy is owned by HTFS Nominees Pty Limited, the person insured must sign this form and the declaration made below will be made by the person insured.

### Your ClearView life insurance policy details

Policy number/s

Full name of policy owner 1/trustee 1/director 1

Date of birth of policy owner 1

Full name of policy owner 2/trustee 2/director 2

Date of birth of policy owner 2

### 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

Date of birth of person

Residential address

Email address

Contact number

Relationship to the policy owner/s

If there is more than one policy owner, this declaration must be signed by all policy owners. For company or trustee owned policies, this declaration must be signed by the original signatories to the policy. If the directors or trustees have changed, please provide the appropriate evidence.



### Declaration of the policy owner

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. I understand that this authority will remain in place unless revoked in writing by me.

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.

Signature of policy owner 1/trustee 1/director 1

Date

Signature of policy owner 2/trustee 2/director 2

Date

## 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 ClearView and the Trustee's Privacy policies. ClearView's Privacy Policy is available at [clearview.com.au](http://clearview.com.au) or by contacting ClearView on **1800 265 744**.

The Trustee's privacy policy is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement) or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.

## 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](mailto: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](http://clearview.com.au)**

All other life insurance products are issued by ClearView.