



Third Party Authority Form

Fill out this form in capital letters using a black or blue pen.

Use this form to authorise TAL to provide information about your TAL account(s) to your nominated Authorised Representative.

1. PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>				Given name(s)	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>				Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address	<input type="text"/>					
Street	<input type="text"/>					
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Contact number	<input type="text" value="()"/>					
Policy/Member number(s)	<input type="text"/>					
(if more than one policy, separate with a '/')	<input type="text"/>					
	<input type="text"/>					

2. AUTHORISED REPRESENTATIVE DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>				Given name(s)	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>				Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address	<input type="text"/>					
Street	<input type="text"/>					
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Contact number	<input type="text" value="()"/>					
Company name (if applicable)	<input type="text"/>					
Relationship to you	<input type="text"/>					
Authorised Representative signature	<input type="text" value="X"/>				Date	<input type="text" value="DD / MM / YYYY"/>

3. PRIVACY

The way in which TAL collects, uses and discloses your personal and sensitive information is described in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or on request.

4. DECLARATION AND AUTHORISATION

By signing this Third Party Authority Form, I am making the following statements. I:

- authorise TAL to provide the Authorised Representative nominated in section 2 with details of my account(s) as listed in section 1
- understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf
- acknowledge that TAL is not responsible for any loss or/and liabilities which may result from TAL providing information to my Authorised Representative
- agree to my information being used in accordance with TAL's Privacy Policy
- acknowledge that I can revoke this Authority at any time by writing to TAL

Complete the below date if you wish to limit the duration of this authority. Otherwise, this authority will be valid until you revoke it.

This Third Party Authority is valid until:

DD / MM / YYYY

Policy Owner/Member signature

X

Date

DD / MM / YYYY

5. CONTACT DETAILS

Please keep a copy of this form for your records and return your completed form and all supporting paperwork to: TAL Life Limited, GPO Box 5380 SYDNEY NSW 2001.

If you have any questions, please contact us on the details below.

Call 1300 209 088

Monday to Friday 9.00am – 5.00pm (AEST/AEDT)

Email: customerservice@tal.com.au

Website: www.tal.com.au