



**Third party authorisation form**

This form is for you to authorise a third party to access your policy or plan information (excluding personal information) held by AMP. You may nominate the person to either receive information only or make minor changes as well (you choose which) on your plan. You may cancel their authority on your plan at any time, simply by phoning us or by sending a letter stating you wish to cancel their authority.

Please complete the boxes below for the person you wish to have authority to access information about your plan. If you have any questions about completing this form, please phone us on 0800 808 801.

Authorised person's full name: \_\_\_\_\_

Authorised person's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorised person's date of birth: \_\_\_\_\_

Relationship with plan owner(s): \_\_\_\_\_

This person is to have:  Access to plan information  
 The ability to change minor details on my plan\*  
 Access to financial information \*\*

Policy or plan numbers this person can access:

All plans owned by the signatories of this authority at the time of the enquiry.

OR

These specific plans only:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Authority: \_\_\_\_\_ This Authority expires on: \_\_\_/\_\_\_/\_\_\_

NB: Maximum duration is five years.

**Your details**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street address: \_\_\_\_\_

Suburb and city: \_\_\_\_\_ Daytime contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please provide at least one plan number for our reference: \_\_\_\_\_

I acknowledge that by signing and completing this form, I am authorising AMP to release the information specified above to the person above. This authority excludes personal information, particularly personal health information. I accept that if I have authorised the person above to make any minor changes to my plan as stated above then AMP is not liable for any resulting loss where the authorised person has acted within the terms of the authority. This form must be signed and dated by all plan owners if the plan is jointly owned, as well as the life insured in the case where the owner is not the insured and financial information is to be released. I declare that I have not assigned, charged, mortgaged or otherwise granted any other person an interest in any of the products the subject of this authority.

Plan owner full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Plan owner full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Life insured full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\* Minor changes are restricted to those that would normally be accepted verbally from the plan owner(s). Excludes changes that would normally require the signature of the owner(s), eg cancellation or withdrawal. AMP reserves the right to determine whether a change is considered minor and to alter that determination from time to time.

\*\* Examples include salary, earnings or financial position. In the case of an insurance policy where the owner is not the insured, the insured must also sign to authorise any financial information be released.