

Third Party Membership Authority Form

Complete this form if you want another person, who is not on your membership, to have control or access to your membership (for example in the event of your absence overseas, illness or incapacity). In the case of a family membership, this form is not required for your partner as they already have equal authority to give instruction and make transactions, including cancellation of cover.

Access to your membership will only be provided in accordance with this authority, which can be withdrawn or changed at any time.

Membership details

Member Name	Date of birth
/ /	
Membership Number	Phone number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address	Postcode

Details of the person/s who will have access to your membership

Person one *(Please do not complete for your partner if they are covered by this membership)*

Name	Date of birth	
/ /		
Relationship	Phone number	
Address	Postcode	
Authority is:	Start date	End date
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	/ /	/ /

Person two

Name	Date of birth	
/ /		
Relationship	Phone number	
Address	Postcode	
Authority is:	Start date	End date
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	/ /	/ /

Authority and access

<i>Please tick applicable</i>	Person one	Person two
Authority to enquire only	<input type="checkbox"/>	<input type="checkbox"/>
Authority to make changes	<input type="checkbox"/>	<input type="checkbox"/>
Authority unrestricted	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date signed

/ /