

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Access to your membership will only be provided in accordance with this authority, which can be withdrawn or changed at any time.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

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: Permanent Temporary Start date End date

Person two

Name Date of birth

Relationship Phone number

Address Postcode

Authority is: Permanent Temporary Start date End date

Authority and access

<i>Please tick applicable</i>	Person one	Person two
Authority to claim	<input type="checkbox"/>	<input type="checkbox"/>
Authority to enquire	<input type="checkbox"/>	<input type="checkbox"/>
Authority to change membership	<input type="checkbox"/>	<input type="checkbox"/>
Authority to cancel and obtain a refund	<input type="checkbox"/>	<input type="checkbox"/>
Authority and access - unrestricted	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date signed