

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Access to your membership will only be provided in accordance with this authority, which can be withdrawn or changed at any time.

Part A: Membership details

Member name:

Date of birth (DD/MM/YYYY):

Membership number:

Phone number:

Residential address:

Postcode:

Part B: 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)

1	Full name:		
	Date of birth (DD/MM/YYYY):		
	Relationship:	Phone number:	
	Residential address:		Postcode:
	Authority is: ☐ Permanent ☐ Temporary		
	Start date:	End date:	

Person two:

2	Full name:		
	Date of birth (DD/MM/YYYY):		
	Relationship:	Phone number:	
	Residential address:		Postcode:
	Authority is: ☐ Permanent ☐ Temporary		
	Start date:	End date:	

Part C: Authority and access

Please tick applicable	Person 1	Person 2	Signature:
Authority to claim	☐	☐	
Authority to enquire	☐	☐	
Authority to change membership	☐	☐	
Authority and access - unrestricted*	☐	☐	Date signed:

*Unrestricted: Ability to claim, enquire, alter and cancel the membership.