

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Access to your membership will only be provided in accordance with this authority, which can be withdrawn or changed at any time.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

Please tick applicable	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

/ /