



## THIRD PARTY AUTHORITY FORM

This Authority form is used by an Insurance Plan owner to nominate a person to act on your behalf in dealing with NobleOak in respect of your Insurance Plan. There are two types of authorities available; a Limited Authority or a Full Authority

### 1. Insurance Plan details

Policy Owner/Member Name:			
Membership/Policy Number:			
Date of Birth:			
Residential Address:		Postcode:	
Email:			
Telephone No:	(home)	(work)	(mobile)

### 2. Name of Third Party Authority

Name:		D.O.B	
Residential Address:			
Telephone No:	(home)	(work)	(mobile)
Relationship to you:			

### 3. Declaration

I appoint the person nominated above to act as my Third Party Authority in respect of my Insurance Plan.

I authorize and direct Genus (on behalf of my insurer) to act on the Authority I have selected below.

I acknowledge that this Authority will become effective from the date Genus receives and updates my Insurance Plan records with the details of this Authority and will remain effective until I direct Genus in writing to cancel this Authority.

I agree to holding harmless Genus and my insurer in acting on this Authority.

*Please select ONE only*

<b>FULL AUTHORITY</b> enquire, discuss, and receive information only	<b>LIMITED AUTHORITY</b> enquire, discuss, receive information, alter the benefits and/or premium or cancel the policy.
Signature of Policy Owner/Member:	
Date:	

NobleOak Life Limited ABN 85 087 648 708

T 1300 551 044 E [enquiry@nobleoak.com.au](mailto:enquiry@nobleoak.com.au) M GPO Box 4793 Sydney NSW 2001