

Please complete this form if you would like to allow your financial adviser, financial professional or other person to access information regarding your insurance policy/policies.

PERSONAL DETAILS (The Insured)

Title	Mr	Mrs	Ms	Miss	Dr	Other
Given name					Surname	
Date of birth					Policy number/s	
Contact number					Email	

THIRD PARTY AUTHORITY DETAILS (Financial adviser, financial professional or other person)

Title	Mr	Mrs	Ms	Miss	Dr	Other
Given name					Surname	
Date of birth				Drivers Licence number	Medicare number	
				OR		
Contact number					Email	
Company Name (if applicable)				Relationship to the insured		

Third Party Authority is provided to the above mentioned person in relation to:

Only the policy listed above

All of my policies

To make enquiries only

Make enquiries, amendments, cancellations

DECLARATION OF THE INSURED

I consent to and authorise Flex Insurance to disclose information relating to the specified policies, including my personal information, to the nominated financial adviser, financial professional or other person. I understand that this authority will remain in place unless revoked in writing by me.

Signature of The Insured

Date

INFORMATION ABOUT YOUR PRIVACY

The privacy of our customers is important, and we are bound by obligations imposed by privacy laws, including the *Australian Privacy Principles under the Privacy Act 1988* (Cth).

The way in which we collect, use, secure and disclose your personal information is explained in Flex Insurance's privacy policies. Flex's privacy policy is available at www.flexinsurance.com.au or by [clicking here](#).

SENDING YOUR FORM

Please send your completed form via email or post to:

Mailing Address: Flex Insurance
PO BOX 500, North Sydney NSW 2059

Email Address: sales@flexinsurance.com.au

Disclaimer: CHUISAVER Underwriting Agency Pty Ltd (ABN 85 613 645 239, AFSL 491 113) trading as Flex Insurance acts under a binding authority as agent of the insurer: QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545).