



# Third Party Authority Form

Please use this form to authorise TAL to provide information about your insurance policies to a nominated Authorised Representative (e.g. spouse, Adviser, Lawyer or any other nominated third party).

Please note:

- If the Life Insured is different to the Policy Owner, the Policy Owner cannot provide a third party with authority to access personal or sensitive information about the Life Insured.
- If there are more than two Policy Owners please complete more than one Third Party Authority Form.

## 1. POLICY DETAILS

Policy Number (s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim Number (s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. POLICY OWNER 1/MEMBER DETAILS

Title  Mr  Mrs  Miss  Other

Given name(s)

Last name

Best contact phone number  (Mobile phone preferred)

## 3. POLICY OWNER 2/MEMBER DETAILS

Title  Mr  Mrs  Miss  Other

Given name(s)

Last name

Best contact phone number  (Mobile phone preferred)

## 4. CORRESPONDENCE DETAILS

### Correspondence Address

Residential or PO Box

Suburb  State  Postcode

Email address

## 5. AUTHORISED REPRESENTATIVE DETAILS

### Authorised Representative 1

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="text"/>			
Given name(s)	<input type="text"/>	Last name	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>	
Best contact phone number	<input type="text"/> (Mobile phone preferred)				
Email address	<input type="text"/>				
Company name (if applicable)	<input type="text"/>				
Relationship to you	<input type="text"/>				
Authorised Representative signature	<input type="text" value="X"/>			Date	<input type="text" value="DD / MM / YYYY"/>

### Authorised Representative 2 (if required)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="text"/>			
Given name(s)	<input type="text"/>	Last name	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>	
Best contact phone number	<input type="text"/> (Mobile phone preferred)				
Email address	<input type="text"/>				
Company name (if applicable)	<input type="text"/>				
Relationship to you	<input type="text"/>				
Authorised Representative signature	<input type="text" value="X"/>			Date	<input type="text" value="DD / MM / YYYY"/>

## 6. PRIVACY

The privacy of individuals is important and there are legal obligations imposed by current privacy laws including the Australian Privacy Principles.

The ways in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at [tal.com.au/Privacy-Policy](http://tal.com.au/Privacy-Policy) or free of charge on request to TAL using the contact details below.

- ✉ GPO Box 5380, Sydney NSW 2001
- ☎ 1300 209 088
- 📠 1800 300 072
- @ customerservice@tal.com.au

### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

## 6. PRIVACY (continued)

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

### Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- required by law [such as to the police or Australian Taxation Office]; and
- authorised by law (e.g. under Court Orders or Statutory Notices).

## 7. DECLARATION AND AUTHORISATION

By signing this Third Party Authority Form, I am making the following statements. I:

- authorise TAL to communicate with the Authorised Representative(s) nominated in section 5 about information relating to the insurance policies as listed in section 1, including any financial information, claims, servicing and policy administration issues and/or complaints;
- understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf;
- acknowledge that TAL is not responsible for any loss or/and liabilities which may result from TAL providing information to my Authorised Representative;
- agree to my information being used in accordance with TAL's Privacy Policy;
- acknowledge that I can revoke this Authority at any time by contacting TAL;
- acknowledge that this Authority is valid until I contact TAL and explicitly revoke the authority.

PolicyOwner 1/  
Member Owner  
signature

X

Date

DD / MM / YYYY

PolicyOwner 2/  
Member  
signature

X

Date

DD / MM / YYYY

## SUBMITTING THIS FORM

✉ TAL Life Limited  
GPO Box 5380  
Sydney NSW 2001

@ groupclaims@tal.com.au

☎ (02) 9448 9752

☎ If you have any questions,  
please contact us on  
1800 101 019