

Name of member
(please print)

Member number

Date of birth

Address

Claim number
(if applicable)

Policy number:

Company name
of third party
(where applicable)

Name of third party

Date of birth
of third party

Address

Telephone number

I hereby authorise the above mentioned third party to access the following evidence:

- ☐ insurance details
- ☐ claim status
- ☐ all claim details including medical evidence
- ☐ application status
- ☐ all application details including medical evidence.

By signing this third party authority form, I am making the following statements. I:

- authorise AIA Australia to provide the nominated third party with details of my insurance membership(s)
- understand this authority does not allow the nominated third party to change my details or carry out any transactions on my behalf
- acknowledge AIA Australia is not responsible for any loss or/and liabilities which may result from AIA Australia providing information to my nominated third party
- agree to my information being used in accordance with AIA Australia's Privacy Policy that can be found at www.aia.com.au
- acknowledge that I can revoke this authority at any time by writing to AIA Australia
- understand this authority does not apply to my HESTA account.

Signature of member

Date

Signature of third party

Date