

# CHU THIRD PARTY AUTHORITY FORM

## Access to information

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	
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 CHU Underwriting Agencies 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 CHU's privacy policies. CHU's privacy policy is available at [www.chu.com.au](http://www.chu.com.au) or by [clicking here](#).

### SENDING YOUR FORM

Please send your completed form via email or post to:

**Mailing Address:** CHU Underwriting Agencies

PO BOX 500, North Sydney NSW 2059

**Email Address:** [sales@chu.com.au](mailto:sales@chu.com.au)