

Authority to provide information form

To better understand your advice needs and prepare advice for you, we need your authority to contact your current **insurance**, **superannuation** and **investment** providers. This means you don't have to worry about collecting this information yourself – we'll contact providers you specify on your behalf, collect the information we need, and ensure we move as quickly as possible with your advice.

YOUR DETAILS *Denotes mandatory fields. I	Please complete in block letters.		
First name*		Middle name	
Surname (including any previous)*		Date of birth*	
Email*	Contac	Contact number*	
Current street address*			
Suburb*	State*	Postcode*	
Previous street address			
Suburb	State	Postcode	
Postal address			
Suburb	State	Postcode	
	rmanent disability, trauma, income protection), son request information from them on your behalf. Product name E.g. Zurich Wealth Protection	•	
consent to give to your product provider * By ticking this box, I authorise each team me	ts you hold (including those listed above), we need to obtain information from them. Your consent with the constant of Surich Assure's Research Team and my Zurich Assure stment products I hold from any product provider (including the constant of the cons	will expire 18 months from the date signed. Financial Adviser to request and receive information	
includes a request for a copy of my policy or a By ticking this box, I authorise my Zurich Assu	ccount statement. Ire Financial Adviser to add further details to the table above	about my additional insurance, superannuation or	
	n time to time, so Zurich Assure can request information about authorise Zurich Assure to disclose my personal information		
	providers as an authority to request and receive the informative require a certified ID, in these circumstances we will not		
	to the collection and use of personal information and sens on obtained with my Zurich Assure financial adviser).	itive personal information about me in the	
Your signature*	Date signed*		
	m.au/important-information/privacy.html and contains inform you believe Zurich Assure has breached the Privacy Act. F		
ZURICH ASSURE TO COMPLETE			
Financial Adviser's name*			
Zurich Assure Adviser's business address			
Email	Contact number		



You can return the completed form and copy of your ID (certified if requested) in one of the following ways:

- · Uploading both documents into your Zurich Assure Advice Client Portal.
- · Emailing both documents to assure@zurich.com.au
- · Mailing copies of both documents or the original documents to:

Zurich Assure Australia Pty Ltd

Reply Paid 91336

North Sydney NSW 2059

How to certify documents

HOW TO HAVE COPIES OF ORIGINAL DOCUMENTS CERTIFIED

Take both the original and a copy of the original to a certifier.

The certifier will:

- 1. Examine the original to ensure it is not a copy.
- 2. Examine the copy to ensure it is identical to the original. A copy can be considered identical even if it is a different size or colour, so long as that does not result in the loss of any material information.

The certifier will then write or stamp the copy with the words:

"Certified to be a true copy of the original seen by me."

They will sign and date the copy, and write or stamp their:

- Name
- 2. Personal or professional address, and
- 3. Qualification as an authorised certifier

If there are multiple pages to the copy, the certifier will sign or initial and the number all pages.

The copy has now been certified.

WHERE TO HAVE YOUR DOCUMENTS CERTIFIED

The most conveneient places to have documents certified are:

- · A post office
- A chemist
- An accountant
- · A police station

A full list can be found on your local state government website.

Zurich Assure Australia Pty Limited ABN 58 657 804 736, AFSL Number 538863.

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