

Third Party Authority form

Use this form to nominate a person or company to act as your authorised representative for the purposes of receiving information about your OnePath Life (Zurich, OnePath) policy(ies) and claim(s). An authorised representative may be given access to claim updates, documents and policy details only — they are not permitted to change cover, authorise transactions, submit or withdraw claims, or make binding decisions or agree settlements on your behalf. You may revoke this authority at any time by contacting OnePath via email at client.service@zurich.com or by calling **1800 646 706**. Revocation will take effect once processed. By completing and signing this form you consent to Zurich using and disclosing your personal information to the named third party in line with our privacy policy (see page 2).

1 Investment details

Provide every OnePath investment/policy number this Third Party Authority applies to. If you include multiple policies, the policy owner and life insured details must be identical across all listed policies. If ownership or life insured details differ, complete a separate Third Party Authority form for each distinct ownership set.

OnePath investment number(s)

OnePath investment type

Investor / Policy owner 1 details (or company details)

Title Surname

Given name(s) Date of birth / /

Note: Please attach evidence such as a certified copy of a marriage certificate to verify any name change.

Residential address State Postcode

Postal address (if different to above) State Postcode

Contact details Work () Home ()

Mobile Email

2 Investor / Policy owner 2 details (or company details)

Title Surname

Given name(s) Date of birth / /

Note: Please attach evidence such as a certified copy of a marriage certificate to verify any name change.

Residential address State Postcode

Postal address (if different to above) State Postcode

Contact details Work () Home ()

Mobile Email

3 Third Party Authority details

Third Party type (tick one only)

Individual - complete 3(a)

Company - complete 3(b)

3 (a) - Individual Third Party Authority details

Complete this section where the Third Party Authority is not representing you in a professional capacity, e.g. a family member or friend.

Full name of authorised representative

Relationship to you (eg Spouse, Child, Friend etc)

Residential address

State

Postcode

Postal address (if different to above)

State

Postcode

Contact details

Work ()

Home ()

Mobile

Email

3 (b) - Company Third Party Authority details

Complete this section where the Third Party Authority represents you in a professional capacity, e.g. Financial Adviser, Solicitor, Accountant.

Full name of authorised representative

Relationship to you (eg Financial Adviser, Solicitor, Accountant)

Company name / organisation

Where the representative is your Financial Adviser, include details of their Australian Financial Services Licence Number:

Postal address

State

Postcode

Contact phone number ()

Email ()

4 Declaration

By signing below, I/we confirmed that:

- I/we authorise OnePath Life (Zurich, OnePath) to disclose information, documents, and updates about my/our OnePath policy(ies) and claim(s) to the authorised representative named in this form.
- The authority is limited to receiving information only. The authorised representative cannot change my/our cover, authorise transactions, submit or withdraw claims, or make binding decisions on my/our behalf.
- OnePath may undertake checks to confirm the identity of the authorised representative prior to disclosing any information about my/our policy(ies) or claim(s).
- OnePath may rely on this authority until revoked, and may contact me/us to verify any instructions or clarify scope.
- The details that I/we have provided are true and correct, and I/we acknowledge I/we have the right to grant this authority.
- This Third Party Authority is in addition to any existing Third Party Authority on my/our OnePath policy(ies) or claim(s).
- I acknowledge I may revoke this authority at any time by contacting OnePath, and that revocation will take place once processed.
- I/we acknowledge it is my/our responsibility to notify the authorised representative about the collection, use, storage, and disclosure of their personal information (including any sensitive information) as described in the Zurich Privacy Policy and the Privacy Statement which is available at www.zurich.com.au/important-information/privacy or by calling Zurich's Customer Care team on 131 551.

Investor / Policy owner 1 signature

Date

X

/ /

Investor / Policy owner 2 signature

Date

X

/ /

Your Privacy

OnePath is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of OnePath's Privacy Policy, or to obtain a copy of OnePath's Privacy Policy, please visit our website at www.zurich.com.au or contact the OnePath Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Any questions? Call 1800 646 706

Please send your completed form:

Post: Zurich Customer Care, Locked Bag 994, North Sydney NSW 2059

Email: client.service@zurich.com.au