

# Authority To Release Information

We respect your privacy and handle your information in accordance with our privacy policy. The MLC Limited Privacy Policy is available at [mlcinsurance.com.au/privacy-policy](http://mlcinsurance.com.au/privacy-policy)

## 1. Policy Owner(s)/Member details

I/We Policy Owner 1 / Member

I/We Policy Owner 2 / Member

Authorise the representative below to obtain information (other than sensitive/health information) on my/our behalf on the following policy number(s):

Policy number 1

Policy number 2

Policy number 3

Date of birth (DD/MM/YYYY)

Date of birth Date of birth of Policy Owner 2 (if applicable)

Duration of authority (eg 6 months or indefinitely)

Contact telephone (business hours)

Please note that if a specified term is not nominated this authority will be valid indefinitely.

## Postal address

Your postal address cannot be your financial adviser's address

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Signature of Policy Owner 1/Member or Power of Attorney 1

Date (DD/MM/YYYY)

Signature of Policy Owner 2 or Power of Attorney 2 (if applicable)

Date (DD/MM/YYYY)

**If signed under the Power of Attorney:** Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form. Power of Attorney documents can't be faxed or emailed.



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## 2. Authorised representative to complete

This information will be used for our security checking procedures.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>			Email address <input type="text"/>		
Home phone number <input type="text"/>		Business phone number <input type="text"/>		Mobile phone number <input type="text"/>	

### Or Company Representative:

Company name <input type="text"/>					
ABN <input type="text"/>			AFSL <input type="text"/>		
Postal address					
Unit number <input type="text"/>		Street number <input type="text"/>		Street name <input type="text"/>	
Suburb <input type="text"/>		State <input type="text"/>		Postcode <input type="text"/>	
				Country <input type="text"/>	

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## Send us your form

Please mail your completed, signed and dated form to:

**Smartsave**  
**PO Box 1282**  
**Albury NSW 2640**  
**P:1300 654 720**  
**E: [smartsave@diversa.com.au](mailto:smartsave@diversa.com.au)**

If you have any questions you can call us on **1800 236 534** Monday to Friday, 8.30am to 5pm (Melbourne/Sydney time).