

Policy Owner(s) or Lives Assured will complete this form if they wish to give authority to an individual. The individual can then act with the permissions specified on this form.

I/We give authority to:

Mr/Mrs/Miss/Ms/Mx

Last name First name(s)

Authorised person's name "the authorised person"

Date of birth / / Email address

Telephone Home Work Mobile

1 To act on my/our behalf as Policy Owner(s) or Lives Assured:

Policy Owner/Life Assured

Mr/Mrs/Miss/Ms/Mx

Last name First name(s)

Policy Owner/ Life Assured's name

Date of birth / / Mobile

The authorised person is allowed to:

Change my contact details Yes No

Change my payment method and/or frequency Yes No

Obtain my policy information (excludes claim and medical information) Yes No

Obtain my claims information Yes No

Obtain my medical information Yes No

Joint Policy Owner (if applicable)

Mr/Mrs/Miss/Ms/Mx

Last name First name(s)

Joint Policy Owner's name

Date of birth / / Mobile

The authorised person is allowed to:

Change my contact details Yes No

Change my payment method and/or frequency Yes No

Obtain my policy information (excludes claim and medical information) Yes No

Obtain my claims information Yes No

Obtain my medical information Yes No

This authority applies to: all policy/plan number(s) Yes or, only applies to: Applicable policy number(s)

This authority is valid: until further notice Yes or, until:

- > I/We acknowledge that I/we are responsible for ensuring that the authorised person consults with me/us and obtains my/our approval as appropriate in relation to any actions taken under this Authority to Operate.
- > I/We acknowledge the authorised person can only change my/our payment details to a bank account or credit card they are authorised to operate.
- > In consideration of Sovereign acting upon my/our instructions I/we undertake to indemnify and hold harmless Sovereign from and against any and all claims, losses, damages, cost and expenses, which Sovereign may suffer or incur.
- > I/We understand that all other processes/requests/changes to the policy require the authorisation of the policy owner(s).
- > I/We acknowledge and understand that the authorised person in their dealings with Sovereign will be bound by the terms and conditions of the applicable policy document(s) for the policy(s) stated on this Authority to Operate form.
- > The Authority to Operate form is no longer valid if I/We or the authorised person is determined to be no longer competent to manage their own affairs in relation to their property.
- > Throughout this document, “I/We” refers to the policy owner(s)/life assured granting this authority; “authorised person” refers to the holder of this authority”.
- > I/We have obtained the authorised person’s consent to provide their information contained in this form.
- > The personal information provided by me/us will only be used by Sovereign to administer this Authority to Operate, including processing any request made under this Authority to Operate. The information provided will be held at Sovereign’s head office at 74 Taharoto Road, Takapuna, Auckland 0622. Sovereign also uses third party data storage providers, including related companies and cloud-based data storage providers in New Zealand and overseas. I/we have the right to request access to, and correction of, any of the information provided at any time.

Signature of Policy Owner(s) / Life Assured:

Signature of
Policy Owner/Life Assured

Date

Signature of
Joint Policy Owner
(if applicable)

Date

