Lifetime INVESTMENTS

SUPERANNUATION MASTER TRUST

Third Party Authorisation Form

Please send this completed form and supporting documents to:

lifetime@linkmarketservices.com

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

This form is for you to authorise a third party to access your policy or plan information (excluding personal information) held by Lifetime. You may nominate the person to either receive information only or make minor changes as well (you choose which) on your plan. You may cancel their authority on your plan at any time, simply by phoning us or by sending a letter stating you wish to cancel their authority.

Please complete the boxes below for the person you wish to have authority to access information about your plan. If you have any questions about completing this form, please phone us on 0800 266 268.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to the address above.

Authorised person's details

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Date of birth

D D M M Y Y Y Y

First names

Surname

Residential address

Postcode

Relationship with plan owner(s)

This person is to have:

☐ Access to plan information

☐ The ability to change minor details on my plan*

☐ Access to financial information**

Policy or plan numbers this person can access:

☐ All plans owned by the signatories of this authority at the time of the enquiry

OR

☐ These specific plans only:

Duration of Authority

This Authority expires on

D D M M Y Y Y Y

NB: Maximum duration is five years.

* Minor changes are restricted to those that would normally be accepted verbally from the plan owner(s). Excludes changes that would normally require the signature of the owner(s), eg cancellation or withdrawal. Lifetime reserves the right to determine whether a change is considered minor and to alter that determination from time to time.

** Examples include salary, earnings or financial position. In the case of an insurance policy where the owner is not the insured, the insured must also sign to authorise any financial information be released.

Your details

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Date of birth

D D M M Y Y Y Y

First names

Surname

Residential address

Postcode

Email address

Daytime contact number

( )

Please provide at least one plan number for our reference:

I solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

I acknowledge that by signing and completing this form, I am authorising Lifetime to release the information specified above to the person above. This authority excludes personal information, particularly personal health information. I accept that if I have authorised the person above to make any minor changes to my plan as stated above then Lifetime is not liable for any resulting loss where the authorised person has acted within the terms of the authority. This form must be signed and dated by all plan owners if the plan is jointly owned, as well as the life insured in the case where the owner is not the insured and financial information is to be released. I declare that I have not assigned, charged, mortgaged or otherwise granted any other person an interest in any of the products the subject of this authority.

Plan owner full name

Signature

SIGN HERE

Date

D D M M Y Y Y Y

Plan owner full name

Signature

SIGN HERE

Date

D D M M Y Y Y Y

Life insured full name

Signature

SIGN HERE

Date

D D M M Y Y Y Y

Once you have completed all items on the checklist please post your documents to:

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

For more information call free **0800 266 268** or email **lifetime@linkmarketservices.com**