

Third Party Nomination Form

Your Details

Please add the policy number(s) for the policy(s) you want to give access to below along with the name of the policyholder for the policy(s).

Name	
Policy Number(s)	

Please fill in the appropriate section below depending on the level of access you wish to provide to a nominated Third Party.

Limited Access

You can choose to nominate a person to have limited access to your policy(s). This will mean we can share specific information about the policy(s) noted above with this person. They will not be able to make any changes or cancel the policy(s).

Full Name	
Date of Birth	
Relationship to you	

Full Access

You can choose to nominate a person to have full access to your policy(s). This will mean we can share specific information about the policy(s) noted above with this person. In addition, they will be able to make any changes or cancel the policy(s) on your behalf.

Full Name	
Date of Birth	
Relationship to you	

Any Information provided by a nominated person with full access will be treated in the same manner as information provided by you. Misinformation may result in the enforced cancellation of your policy or could effect a claims payment.

*Your Signature(s) _____

Date _____

*Where there are 2 proposers on a household policy we will require this form to be signed by both proposers