

Use this form to authorise Rest and its representatives to provide information and documentation about your Rest account(s) or your Rest benefit claim(s) to your nominated representative.

Please write in BLOCK LETTERS and use a BLACK or BLUE pen. This request will be invalid if unsigned and undated. You can mail your completed form to Rest at **PO Box 350, Parramatta NSW 2124**, or email a scanned copy to **contact@rest.com.au** or **claims@rest.com.au**.

## Checklist

Before returning your completed form, please tick the boxes to confirm that you have:

- reviewed and completed all sections of this form
- signed and dated section 4 of this form

## Section 1: Personal details

Member number

Date of birth (dd/mm/yyyy)

Title

Member surname

Member given name(s)

### Residential address

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Mobile

Telephone

Email address

### Postal address (if different from above)

Unit number

Street number/PO BOX

Street name/PO BOX

Suburb/Town

State

Postcode

## Section 2: Nominated representative details

Please choose one option only:

For a business/company representative complete 2a

For a personal representative complete 2b

### 2a.

Nominated representative given name(s)

Nominated representative surname

Relationship

Company name

Do you wish to nominate all staff from this company?

Yes

No

Nominated representative address

Postcode

Mobile

Telephone

ASFL number (if unknown ask the company for this)

Email address

### 2b.

Nominated representative given name(s)

Nominated representative surname

Relationship

Nominated representative address

Postcode

Mobile

Telephone

Email address

### Section 3: Term of authority

This authority will remain valid for 12 months unless it is otherwise revoked by you in writing or an expiry date is provided.

Please tick below to confirm the term of this authority:

- Valid for 12 months from the date you signed this authority
- Valid until revoked in writing by you
- I wish for this authority to expire on the following date (dd/mm/yyyy)

### Section 4: Declaration

By signing this Third Party Authority Form, I:

- authorise Rest and its representatives to provide the nominated representative in Section 2 with information and documentation they request about my Rest account(s) or Rest benefit claim(s)
- understand Rest and its insurer may do some checks to confirm the identity of the nominated representative in Section 2 prior to disclosing any information about my claim
- understand that this authority does not allow the nominated representative to change my details or carry out any transaction on my behalf
- acknowledge that Rest and its representatives are not responsible for any loss and/or liabilities which may result from Rest or its representatives providing information to my nominated representative
- consent to my information being used in accordance with Rest's Privacy Policy and for my insurance claims, I consent to my information being used in accordance with Rest's insurer (TAL Life Limited or AIA Australia Limited) Privacy Policy
- acknowledge that it is my responsibility to notify the nominated representative about the collection and disclosure of their personal information to Rest and its representatives and Rest's insurer, if applicable, and they can obtain a copy of the TAL Privacy policy at [tal.com.au](http://tal.com.au), AIA Privacy Policy at [aia.com.au](http://aia.com.au) and the Rest Privacy Policy at [rest.com.au](http://rest.com.au)
- confirm that the nominated representative in Section 2 on this form replace any existing third party nominations
- acknowledge that I can revoke this Authority at any time in writing to Rest.

Name (please print)

Signature

(dd/mm/yyyy)

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