

Authority to Act form



This document identifies the persons or parties authorised by you to:

- Access personal information about you held by MAS.
- Act and therefore transact on your behalf in relation to products and services you have with MAS.

MAS will not allow a third party (including a business partner, practice manager, accountant or solicitor) to access your information unless we have authority from you to do so. This is for your protection.

The Privacy Act 1993 also requires your express authorisation to release information to relevant parties, such as banks, solicitors or similar organisations, for business purposes.

This authorisation allows us to obtain information more promptly or complete transactions requested by persons or entities approved by you without the need to contact you each time.

I _____, MAS Member number _____ authorise:
(print name)

The following persons or parties to access my/our information held by MAS:

Name	Relationship	Type of Information	Access to information (Y/N)	Transact on behalf (Y/N)
<i>E.g., John Smith</i>	<i>Accountant</i>	<i>All general and life policies</i>	<i>Y</i>	<i>N</i>

Upon production of this document, a photocopy or facsimile, I/we authorise MAS to provide information regarding all business held with them to the following organisations.

Please advise MAS of any future changes to these authorities.

This authority is valid until revoked by _____

Date _____

Signed _____ DOB _____

Signed _____ DOB _____

Please complete and return to MAS, PO Box 13042, Johnsonville, Wellington 6440.