

## AUTHORITY - NOMINATION BY POLICYHOLDER

This form is to be completed by a policyholder who is an adult (aged 18 or over) who wishes to nominate another adult as their authorised representative for the purposes of their policy.

Complete and mail to:

**HCF**  
**GPO Box 4242**  
**Sydney NSW 2001**

or email:

**membermaintenance@myhcf.com.au**

### AUTHORITY LEVEL GUIDELINES

You can choose to nominate another adult as your authorised representative from the following 3 authority levels:

**Full Modify:** Gives the authorised representative full access to service, maintain and cancel the policy except for the authority to nominate any further authorised representatives.

**Partial Modify:** Gives the authorised representative partial access to service and maintain the policy except for the authority to cancel the policy, make detrimental policy changes, modify or change the policyholders' details, obtain tax/benefit information, request a clearance certificate for policy owner and/or dependants or remove any persons from the policy.

**Enquiry Only:** Gives the authorised representative access to submit claims and make payments on the policy (benefits paid will be to the policyholders' nominated bank account only). This authority does not provide the authorised representative with the authority to make any changes to the policy.

For more information on the authority level guidelines go to [hcf.com.au/fundrules](http://hcf.com.au/fundrules) or call us on **13 13 34**.

HCF Membership No.

### 1 YOUR (POLICYHOLDER'S) DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address			
<input type="text"/>			
Suburb	State	Postcode	Date of birth (DD MM YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2 DECLARATION

I declare and confirm that:

- (a) I am the policyholder and am aged 18 years or over;
- (b) I authorise \_\_\_\_\_ (print full name)  Full Modify  Partial Modify  Enquiry Only authority, (please mark 'X' for the relevant authority level - please refer to the guidelines above) whose details are set out below and who has consented to this nomination, to act as my authorised representative for my policy indefinitely, until such time as I or my authorised representative otherwise notify HCF in writing;
- (c) I agree that I will promptly notify HCF in writing in the event that I wish to withdraw this authority at any time;
- (d) if any other authority/ies exist in relation to conduct of my membership, then this authority replaces all of those other authorities from the date of this authority and those authorities are revoked;
- (e) this authorisation does not affect my ongoing obligations under my policy;
- (f) I have notified all other persons covered by my policy of this authority;
- (g) the address for all communications will be the postal address indicated on this form of the  policyholder or  authorised representative (please mark 'X' for the relevant role) until such time as I or my authorised representative otherwise notify HCF in writing; and
- (h) the information provided to HCF is true and complete.

Policyholder's signature

Date (DD MM YYYY)

### 3 DETAILS OF AUTHORISED REPRESENTATIVE (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal address				
<input type="text"/>				
Suburb	State	Postcode	Date of birth (DD MM YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone - home/mobile	Email			
<input type="text"/>	<input type="text"/>			

### 4 DECLARATION

I declare and confirm that:

- (a) I am aged 18 years or over;
- (b) I agree to being nominated by the policyholder and accept responsibility for the conduct of their membership as detailed above in the nominated authority level;
- (c) I agree that if my authority level is "Full Modify" then I will be responsible for payment of all premiums indefinitely until such time as I or the policyholder otherwise notify HCF in writing;
- (d) I agree that I will promptly notify HCF and the policyholder in writing in the event that I reasonably believe that I am no longer authorised to act or no longer wish to act on behalf of the policyholder in accordance with this authority;
- (e) I will communicate with and act on behalf of all other persons covered by the policy as provided for by the policy;
- (f) the information provided to HCF is true and complete; and
- (g) the information provided about me in this form or by any other means will be handled by HCF in accordance with its Privacy Policy which is available at [hcf.com.au](http://hcf.com.au) or by calling **13 13 34** and which explains how I can access and request correction of my personal information, how to complain, how to opt out of direct marketing and the uses and disclosures (including overseas) of my personal information by HCF.

Authorised representative signature

**X**

Date (DD MM YYYY)

Office Use Only: ID sighted and verified or certified copies received and ID verified Yes  No