

## AUTHORITY - NOMINATION BY AN AUTHORISED REPRESENTATIVE

This form is to be completed where:

- (i) the policyholder is a person who lacks capacity (either temporarily or permanently) and therefore is unable to otherwise enter into a contract with HCF to purchase an insurance policy or otherwise unable to continue to be responsible for and to manage their policy; and/or
- (ii) is a minor (aged under 18).

If the policyholder is a person who lacks capacity it must be completed by their authorised representative, otherwise if the policyholder is a minor it must be completed by an adult (aged 18 and over) who is the parent or legal guardian.

Complete and mail to:

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

or email:  
**membermaintenance@myhcf.com.au**

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"/>	
Reason for authority				
<input type="text"/>				

### 2 DECLARATION

I declare and confirm that:

(a) The policyholder is **(please mark relevant box or boxes with an 'x')**:

a person who lacks capacity; and/or  a minor as they are aged under 18;

(b) I am the **[parent]** or **[legal guardian]** or **[authorised representative]** **(please circle relevant role)** of the above named person who is the policyholder and I am authorised to conduct the membership and can act as the substitute decision-maker for them. I have provided to HCF as applicable, the originals or certified copies of documentary evidence of my authorisation\*, for sighting by HCF;

\* HCF will accept as evidence of authority an appropriate medical certificate, power of attorney, a guardianship order, enduring power of guardianship or other relevant court or tribunal order.

(c) I accept responsibility for the conduct of the membership including the responsibility for payment of premiums, ongoing maintenance of the policy and receipt of all correspondence;

(d) I agree that I will promptly notify HCF in writing in the event that I reasonably believe that I am no longer authorised to act on behalf of the policyholder in accordance with this authority or the capacity of the policyholder changes in the future so that they can manage their policy;

(e) the information provided to HCF is true and complete;

(f) the information I provide about me and about the policyholder 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 and the policyholder can access and request correction of our personal information, how to complain, how to opt out of direct marketing and the uses and disclosures (including overseas) of our personal information by HCF;

(g) if the policyholder is over 15 years of age and if I consider that they have the capacity to make decisions about their privacy, I will promptly inform them of HCF's privacy policy and that they may contact HCF at any time and indicate any change to their privacy preferences.

(h) if any other authority/ies exist in relation to the conduct of the policyholder's membership and acting as their substitute decision-maker, then this authority replaces all of those other authorities from the date of this authority and those other authorities are revoked; and

(i) this authorisation terminates on the earlier of HCF being notified in writing of:

- (1) termination of this policy;
- (2) a replacement authorisation;
- (3) withdrawal of my authorisation; or
- (4) where the policyholder is a minor who turns 18 years of age and does not otherwise lack capacity ratifies the policy.

Name of **[parent]** or **[legal guardian]** or **[authorised representative]**:

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

**Office Use Only:** Original ID and authorising documents sighted or certified copies received and verified

Yes  No