



Contents and instructions

Please complete this form to authorise the release of information to a person(s) and/or a company from your National Mutual Retirement Fund (NMRF) plan.

Step 1: Member details

Mr
 Mrs
 Miss
 Ms
 Other (please specify)

/ /

Surname (please print) Given name(s) Date of birth

Postal address

Street number and name Town/Suburb State Postcode Country

() () ()

Home telephone Work telephone Facsimile

Mobile phone Email address

Step 2: List policies

List all the policies to which you would like this authority to apply.

Step 3: Details I don't want to provide authority for

List the details that you do not want this authority to apply to (eg bank account information).

Step 4: Details of person(s) and/or name of company to obtain details

To ensure the security of your policy information, we require some additional information to help us identify the person/company when we are contacted by them. Indicate the person(s) and/or company to which you would like this authority to apply.

(a) Complete details below if authority is to be given to a company:

Name of company you want to give information to

Street number and name Town/Suburb State Postcode

(b) Complete details below if authority is to be given to a person:

Name of person you want to give information to

Date of birth of the person you want us to give information to and their relationship to you, eg spouse, husband, wife, son, etc.

Step 5: Declaration and consent

This section must be signed and dated by the policy owner(s).

I/We hereby authorise AXA to send forms and to provide my/our policy and personal information (excluding personal information such as health and occupation details) to the person(s) and/or company indicated above. This consent will be valid for the policies listed above until I/we, as the policy owner(s) or member, contact AXA in writing to revoke it.

Please write your name, sign and date the form below to authorise this consent.

Policy owner (one) full name

Signature

Date

Policy owner (two) full name

Signature

Date

Policy owner (three) full name

Signature

Date