



ZURICH[®]

Zurich Insurance

Adviser Authority to accept policy variations



This Form attaches to and forms part of your application for cover with Zurich.

This Form should be completed to authorise your Financial Adviser to **proceed with any variation(s) to an Application for Insurance with Zurich on your behalf.**

I/we, the policy owner/s named below:

1. appoint the Financial Adviser named below as my agent with authority to act on my/our behalf and bind me/us in relation to any matter relating to my/our application/s for insurance with Zurich Australia Limited;
2. agree that this authority includes the making of, or agreeing to, any variations to my/our application (including, but not limited to, any exclusions, special conditions, loadings, or variations to premiums, sums insured, cover type and any other particulars of the proposed insurance) whether made or agreed to in writing, electronic communication or any other form of communication (including by telephone) and whether or not I/we are aware of the variation;
3. agree that Zurich is entitled to rely on the Financial Adviser communications without further inquiry and I/we agree to indemnify Zurich against all losses, liabilities or expenses incurred in connection with this authority and reliance by Zurich on the Financial Adviser's authority;
4. agree that to terminate this appointment and authority, I must provide written notice of termination to Zurich, with such termination effective when such notice is acknowledged by Zurich;
5. authorise Zurich to disclose my personal information to the Financial Adviser in relation to my/our application; and
6. acknowledge that my/our application and any interim cover may be cancelled by Zurich, including if Zurich does not receive agreement to any revised cover terms within 21 days of communicating such terms to my/our Financial Adviser.

Name of Financial Adviser

Signature of Financial Adviser

Date

X

/ /

Name of life insured

Signature of life insured

Date

X

/ /

Name of policy owner 1

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2

Signature of policy owner 2

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**