

## Partner authority/application for legal authority

1. Please complete this form using **black ink** and write within the boxes in CAPITAL LETTERS.  
Mark appropriate answer boxes with a cross. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE.**
2. Read the declaration and sign all the signature panels you need to.

### Section A: I'm applying to

Add a nominated person  Change existing nominee's details

### Section B: Your details

MBF Policy number (This can be found on your MBF card)

Surname

First name

Initial Title

Date of birth

Home Address

Unit number

Street number

PO Box number

Street name

Suburb

State

Postcode

Home phone number

Daytime phone number

Mobile phone number

### Section B: Declaration

I, as the Policyholder, authorise the nominated person be given the same rights to operate the Policy as I do.

I acknowledge that this authorisation allows the nominee the same rights and obligations as I do, including access to the health information of all persons on the Policy. Authorisation is given at my own risk and I accept I have no recourse against MBF for any acts or omissions made by the nominee.

I confirm that I must comply with and be bound by the MBF Policy Terms & Conditions and the MBF Fund Rules and that I will remain fully responsible for the Policy and the actions of the nominee.

Signature of Policyholder



### Section C: Proposed nominee's details

Surname

First name

Initial Title

Date of birth

Home address

Unit number

Street number

PO Box number

Street name

Suburb

State

Postcode

Home phone number

Daytime phone number

Mobile phone number

Email address

If you would like to receive your bills (if applicable), payment reminders, tax statements, benefit statements (when available) and/or LivingWell magazine via email, and be kept up-to-date with MBF news and services via email please cross this box.

### Section D: Nominees declaration

**Note:** for Policy transactions, only one person may be nominated as a nominee. However, for claims transactions, two people may be nominated. In this case, two applications for legal authority are required.

If two nominees for claims transactions are appointed, each can act individually and MBF will require only one nominee's signature for a transaction.

Please tick one or both boxes as required

I authorise the above person to undertake Policy transactions on my behalf

I authorise the above person to collect Benefit refunds on my behalf.

To be completed by the proposed nominee

I am willing to exercise the above authority and, I am over the age of 18 years.

My relationship to the Policyholder is

Signature of proposed nominee




\*MBFH01260FORM\*