

ClearView LifeSolutions

Financial Adviser Authority

Use this form to authorise your financial adviser to provide us with instructions on your behalf in relation to your insurance policy and to authorise ClearView to accept those instructions from your adviser.

Section A Limits of this authority

This authority is limited to the following changes.

Contact details

- Change of address, phone number, or email
- Change of preferred contact method
- Provide missing details required by ClearView to complete a client's request (name, date of birth, address or previous address, superannuation fund ABN or USI)

Premiums and payments

- Update credit card expiry
- Direct debit arrears
- Change premium type (level to stepped)
- Change of premium debit date
- Reinstate a policy where underwriting is not required (within 30 days of lapse)

Cover maintenance (must be made in writing in addition to this authority)

- Apply premium freeze
- Remove an extra cost option or change to a lower cost option
- Decrease or cancel a benefit
- Decline an indexation benefit
- Suspend benefit

Sending your form

Please send the form to us via email or mail.

Mailing address:
ClearView LifeSolutions
Reply Paid 4232
Sydney NSW 2001

Email address:
clearviewlife.maintenance@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 979**.

Section B Policy owner declaration

This section is to be completed by the policy owner/s of one or more LifeSolutions policies. If the policy owner is the trustee of the HUB24 Super Fund, this section is instead completed by the person insured.

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

- appoint the financial adviser named below (Financial Adviser) as my/our agent with authority to act on my/our behalf and bind me/us within the 'limits of this authority' described at section A.
- authorise ClearView to accept instructions provided by the Financial Adviser whether made or agreed to in writing, electronic communication or any other form of communication (including by telephone) as if those instructions were provided by me/us.
- agree that ClearView is entitled to rely on instructions provided by the Financial Adviser without further inquiry.
- indemnify ClearView against any claim, liability, loss, damage, expense (including legal costs on a full indemnity basis) incurred in connection with this Authority and reliance by ClearView on instructions received from the Financial Adviser.
- agree that this appointment and authority is terminated at the earlier of the date at which the Financial Adviser is no longer the listed financial adviser in relation to the policy or policies listed below or the date at which ClearView receives written notice of termination of this appointment and authority from me/us.

This authority is to apply to:

All ClearView LifeSolutions policies I have with the Financial Adviser

OR

Policy number

Policy owner name

Signature of the policy owner

Date

Policy owner name

Signature of the policy owner

Date

Section C Financial Adviser declaration

- I have fully explained the consequences and implications of this Financial Adviser Authority (Authority) to each policy owner.
- I accept my appointment to act on behalf of the policy owner/s and each insured person in accordance with the Authority.
- I will act honestly, on the specific instructions of the policy owner/s and only in accordance with Section A of this Authority. Where there is more than one policy owner, I will obtain and confirm instructions from each policy owner.
- I agree to provide evidence of any instructions I receive from the policy owner/s if and when requested by ClearView.
- I will immediately notify ClearView if there is any actual or apparent dispute in relation to instructions I have provided to ClearView under the Authority.
- I understand the Authority is cancelled when I am no longer the listed financial adviser on the policy or policies identified by the policy owner above.

Financial adviser name

Signature of financial adviser

Date