

## Authority to operate a membership

I hereby authorise my:

Partner

Other (please specify relationship to member)

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to operate this membership.

(This includes policy changes, detail changes, claim enquiries, claiming on your behalf and other general enquiries.)

Name of authorised person:

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Date of Birth:

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Signature of authorised person:

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Member's name:

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Member's signature:

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Date: \_\_\_\_\_

Membership number: \_\_\_\_\_