

Authority to Act as the Participant Representative

(Not required if participant is under 18 years of age)

1. Participants Details		
Name:		Date of birth:
Email:		
Address:		
Mobile:	Home:	Work:
2. Participants Representative Details		
Please enter details of the person you would like to give authority to act on your behalf.		
Full name:		Relationship to you:
Postal address:		
Email address (if applicable):		
Mobile:	Home:	Work:
3. Authority to Act		
Effective from date:		
<input type="checkbox"/> I authorise AIIM Choices to act on the instructions of my nominated representative above.		
<input type="checkbox"/> I authorise AIIM Choices to give access to my plan to my representative via its online business platform at same level of access and authorisations.		
<input type="checkbox"/> I understand AIIM Choices is not responsible for any actions of my representative using his authority.		
<input type="checkbox"/> I understand this authority comes into effect from the date above or from when form is received, whichever is the later.		
<input type="checkbox"/> I understand I am giving my nominated representative authority to access my information in person, by telephone, email and/or letter.		
<input type="checkbox"/> I understand I can cancel this authority at any time by contacting AIIM Choices, revoking consent from that date.		
4. Approval: Participant and Representative to Sign		
Participant Signature:		Date:
Representative Signature:		Date: