

Policyholder Authorisation

To:

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Name of Life Insurance Company

Date

Authority to Release Information:

Please supply Life Insurance Policy Exchange Limited with any information requested by them in relation to policy/s identified below, and email that information directly to info@policyexchange.co.nz

Policyholder Physical Address:

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Road Name and Number

Suburb or R D Number

Town/City and Postcode

Policyholder Contact Details:

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Home Phone

Work Phone

Mobile Phone

Policy Details:

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Policy Number

Whole of Life or Endowment

Gross Surrender Value

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Policy Number

Whole of Life or Endowment

Gross Surrender Value

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Policy Number

Whole of Life or Endowment

Gross Surrender Value

Policyholder/s Details, ID Verification and Signatory Authority:

Policyholder/s Surname	Policyholder/s First Names	Date of Birth	Drivers Licence Or Passport Attached?	Signature

A copy of the policyholders ID (Driver Licence or Passport) must be supplied with this form.