

Your details

Full name	Date of birth	<input type="text" value="dd-mm-yyyy"/>
Member number	Email	
Address	<input type="text" value="City"/>	
<input type="text" value="Country"/>	<input type="text" value="Postcode"/>	Phone

Your nominated person

Full name	Date of birth	<input type="text" value="dd-mm-yyyy"/>
Member number	Email	
Address	<input type="text" value="City"/>	
<input type="text" value="Country"/>	<input type="text" value="Postcode"/>	Phone

Your authority – MAS investment products

I authorise MAS to:

Share my personal information with my nominated person.

I am giving this authority in relation to:

Please select the specific product(s).		
MAS KiwiSaver Scheme	MAS Retirement Savings Scheme	MAS Investment Funds (MASIF)

Your authority – MAS insurance products (for example house, car, contents, business, life, income)

I authorise MAS to:

Share my personal information with and act on the instructions of my nominated person.	Share my personal information with my nominated person.
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I am giving this authority in relation to:

<p>Specific product(s) or claim(s).</p> <p>If you select this option, please list the specific product or claim number(s).</p>	<p>All insurance with MAS held by me:</p> <ul style="list-style-type: none"> individually jointly as a trustee of a trust as a director of a company as a partner of a partnership
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Declaration and acknowledgements

I understand:

- in respect of any MAS investment products or MAS life and income insurance, the nominated person's authority will be limited to accessing my personal information including account balance, cover held and transactional information and communicating with MAS about a claim if I am unable to do so.
- MAS is not responsible for any actions of my nominated person using this authority.
- this authority comes into effect from the date MAS receives this form.
- I am giving my nominated person authority to access my information by telephone, email, and letter.
- I can write to or call MAS at any time to cancel this authority, and MAS will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by MAS.

Personal information

- Any personal information provided on this form will be held and used by MAS to process and administer this authority in accordance with its Privacy Statement available at mas.co.nz/privacy-statement
- You are entitled to access and correct the personal information MAS holds about you in accordance with the provisions of the Privacy Act 2020. If you have any questions, please contact us on **0800 800 627**.

Signature

Date