

Authority to act and authority to access



By completing this form, you can appoint someone to act on your behalf, or access your personal information, or both.

You can appoint someone for specific MAS products or claims, or for all of your dealings with MAS.

Your details

Full name:	Date of birth:
Member number:	Email:
Address:	
Phone:	

Your nominated person

Full name:	Date of birth:
Relationship to you:	Email:
Address:	
Phone:	

Your authority

I authorise MAS to:

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:

Specific product(s) or claim(s). If you select this option, please list the specific product or claim number(s).	All my business with MAS on my Personal Membership Trust Membership/s Company Membership/s Joint Membership/s
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Terms and declarations

This authority comes into effect from the date MAS receives this form.

When we collect, use and store information, we comply with the Privacy Act 2020. You can review our policy at www.mas.co.nz

I can write to or call MAS at any time to cancel this authority.

Sign here:	Date
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If you have any questions, please call us on 0800 800 627