

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:	<input type="text"/>	Date of birth:	<input type="text" value="dd-mm-yyy"/>
Member number:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>		

Your nominated person

Full name:	<input type="text"/>	Date of birth:	<input type="text" value="dd-mm-yyy"/>
Relationship to you:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>		

Your authority

I authorise MAS to:

<input type="checkbox"/> Act on the instructions of my nominated person.	<input type="checkbox"/> Share my personal information with my nominated person.
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I am giving this authority in relation to:

<input type="checkbox"/> Specific product(s) or claim(s). If you select this option, please list the specific product or claim number(s). <input type="text"/> <input type="text"/> <input type="text"/>	All my business with MAS on my <input type="checkbox"/> Personal Membership <input type="checkbox"/> Trust Membership/s <input type="checkbox"/> Company Membership/s <input type="checkbox"/> 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 1993. 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:	<input type="text"/>	Date	<input type="text" value="dd-mm-yyy"/>
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If you have any questions, please call us on 0800 800 627