

Life Insurance Request for Access to Information

TOWER Australia Limited
 ABN 70 050 109 450 AFSL 237 848

If you would like to access personal information held by TOWER about your policy please complete this form and return it to us at the following address:

The Privacy Officer
TOWER Australia Limited
PO Box 142
Milsons Point NSW 1565

TOWER is bound by obligations imposed by privacy legislation. The way in which TOWER collects, uses, discloses and handles your personal and sensitive information is described in the TOWER privacy policy. If you have questions about your privacy or would like to know more about the TOWER privacy policy it is available from www.toweraustralia.com.au, by writing to the Privacy Officer at PO Box 142 Milsons Point NSW 1565, or by telephone on 1300 209 088.

1. PERSONAL DETAILS

Reference no.	<input type="text"/>		
Name	Title <input type="text"/>	Surname <input type="text"/>	
	Given Name(s) <input type="text"/>		
Residential address	Address <input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Contact details	Home <input type="text"/>		
	Business <input type="text"/>		
	Mobile <input type="text"/>		
	Email Address <input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		

2. INFORMATION REQUIRED

Please identify the specific information and/or documentation that you wish to access (where possible).

3. RECIPIENT DETAILS

Please provide the name and address details of the person(s) to whom you wish the information and/or documentation to be sent (such as yourself, your doctor, your financial adviser, your lawyer, or any other person).

Name

Title Surname

Given Name(s)

If you wish for the information/documentation to be sent direct to you at the address you have provided on the first page of this form, please insert 'as above'.

Address

Suburb State Postcode

Name

Title Surname

Given Name(s)

If you wish for the information/documentation to be sent direct to you at the address you have provided on the first page of this form, please insert 'as above'.

Address

Suburb State Postcode

4. OTHER DETAILS

Do you authorise release of this personal information to be forwarded directly to your adviser? Yes No

Have you contacted any other person within TOWER to obtain access to your personal information and/or documentation? Yes No

If yes, please advise details.

POLICY OWNER/MEMBER SIGNATURE

Signature of
Policy owner/Member

Date

Please return the completed form to:

**The Privacy Officer
TOWER Australia Limited
PO Box 142
Milsons Point NSW 1565
T: 1300 209 088
F: 1300 351 133**