



# Third party consent form.

## Giving your consent to disclose your personal information.

This form is for you to give your consent for Fidelity Life to disclose your personal information to a third party specified by you, e.g. your adviser or your spouse/partner.

### Your details.

Insured person name	Policy number
<input type="text"/>	<input type="text"/>

### Your consent statement.

I  consent and give authority to Fidelity Life to release any of my personal information and to discuss details of my claim, including (but not limited to) medical or financial details, with the below named person(s).

Name	Company name (if applicable)
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Contact number (if known)	
<input type="text"/>	

Name	Company name (if applicable)
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Contact number (if known)	
<input type="text"/>	

Insured person signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>