Third Party Authority

Plan Number:
Name:

IMPORTANT – PLEASE READ THIS BEFORE YOU FILL IN THE FORM

By filling in this form, I agree that the person I name below can contact Holloway Friendly about my Income Protection plan. They can ask for information, but they can't make any changes to my insurance. **Please select one** of the following two options:

☐ **CLAIM ONLY** - Holloway Friendly can talk to the person I name about my current claim. This lasts for 6 months or until my claim ends.

OR

☐ **FULL AUTHORITY** - Holloway Friendly can talk to the person I name about anything to do with my insurance, including claims. This lasts until I withdraw my consent.

Title	
Name	
Surname	
Date of Birth	
Address	
Email address	
Telephone number	
Mobile number	
Relationship to you	

Signed _____

Date _____

IMPORTANT – You can change your mind at any time. To cancel this consent, email us at claims@holloway.co.uk (if you gave claim only consent) or memberservices@holloway.co.uk (if you gave Full Authority). You can also call us on 0800 0931 535.