

Third Party Authority

Signed _____

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	Plan Number: Name: IMPORTANT - PLEASE READ	THIS BEFORE YOU FILL IN THE FORM		
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Mobile number	Email address			
	Telephone number			
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Relationship to you	Relationship to you			

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.