



CONFIDENTIAL

Representative Authority

This form is used to provide authorisation to NobleOak to act on third party instructions in connection with the processing of your life insurance application and the administration of your life insurance policy upon completion of the application. It does not extend to changing benefits or nominated beneficiaries.

To: NobleOak Life Limited

I authorise and direct you to receive and act on instructions from the person named below as my Representative in connection with my life insurance application and the administration of my life insurance policy upon acceptance and completion of the application including any changes to my membership details such as contact details, direct debit details and all other matters in connection with the administration of the policy including premium payments.

I acknowledge that NobleOak is authorized to act on the Representative Authority until it is revoked by me in writing received by NobleOak.

Member Details

Applicant/Member Name	
Membership Number/ Quote Number	
Applicant Date of birth	
Applicant Residential Address	

Representative Details

Representative Name	
Representative Date of birth	
Representative Residential Address	

Declaration

I acknowledge that NobleOak is authorized to act on the Representative Authority until it is revoked by me in writing received by NobleOak.

Signature of Applicant/Member

Signature of Representative

Date: _____

Date: _____