

Trusted Contact Person Nomination Form

A Trusted Contact Person is someone you can choose and give permission to us to contact if certain situations arise. This person (aged eighteen years or over) is someone you trust to help us address concerns or verify important information, if needed.

We may contact your Trusted Contact Person if we have concerns that there may be financial abuse or exploitation happening to you, if we need to confirm or update your details like your contact details or health status or if we have trouble reaching you directly.

To be completed by the Policyholder

Policy Number(s): _____

I nominate _____
(insert the name of your Trusted Contact Person) as my Trusted Contact Person and consent to Allianz p.l.c. contacting them and discussing concerns or disclosing certain personal information about me and my policy(ies) should one of the following situations arise:

- a) Allianz has a concern about possible financial abuse of the Customer, or
- b) Allianz needs to confirm the specifics of –
 - i. (i) the Customer's current contact information,
 - ii. (ii) the Customer's health status, or
 - iii. (iii) the identity of any appointed legal guardian, executor or trustee of the Customer, or
- c) Allianz experiences difficulties in communicating with the Customer.

The Trusted Contact Person does not have authority to transact on my policy or deal with my finances.

Customer Name: _____ (the "Customer")

Customer Address: _____

Eircode: _____

Customer Contact Number: _____

We may contact you to discuss the nomination. To confirm your instruction to appoint a Trusted Contact Person, please sign and date below.

Customer

_____/_____/_____
Date

To be completed by the Trusted Contact Person

We may call the Customer to confirm this request and verify any details supplied.

I acknowledge that the Customer has nominated me as their Trusted Contact Person. I understand that Allianz p.l.c. may contact me should one of the following situations arise:

- a) Allianz has a concern about possible financial abuse of the Customer, or
- b) Allianz needs to confirm the specifics of
 - i. the Customer's current contact information,
 - ii. the Customer's health status, or
 - iii. the identity of any appointed legal guardian, executor or trustee of the Customer, or
- c) Allianz experiences difficulties in communicating with the Customer.

Trusted Contact Person Name: _____
(the "Trusted Contact Person").

Trusted Contact Person Contact Mobile Number: _____

I _____ *(name of Trusted Contact Person)*
confirm I am 18 years or over and my details are correct. I consent to Allianz retaining my name and contact information for the purposes of acting as a Trusted Contact person and contacting me in this capacity. I understand that any information shared with me will be limited to addressing the relevant matter.

Trusted Contact Person

_____/_____/_____
Date

Data Protection – Use of Information

- The personal information provided in this form, including the details of the Trusted Contact Person, will be processed in accordance with applicable data protection laws, including the General Data Protection Regulation (GDPR). The information will be used solely for the purpose of contacting you and/or the Trusted Contact Person in the situations outlined above
- For information in relation to how we collect or use information about you, see our Fair Processing Notices available at <https://www.allianz.ie/data-protection-policy>.