

LETTER OF AUTHORITY FOR ANOTHER PROVIDER TO SHARE EVIDENCE WITH US

Please use this form if you'd like another provider to send copies of your medical screening results and any related health information (including HIV result if applicable) to us.

Once you've filled in the form, please share it with your other provider and ask them to send the evidence to us at underwriting@guardian1821.co.uk

Your name (first/last name):

Address:

Date of birth (dd/mm/yyyy):

Guardian application or
policy number(s):

OTHER PROVIDER'S DETAILS

Other provider's name
(company name):

Your application or policy number(s)
with this provider:

DECLARATION

I confirm that I give my consent for the other provider named above to share my medical screening results and any related health information (including HIV result if applicable) with Guardian Financial Services (Guardian), so they can assess, underwrite or manage my protection application or policy with them.

For the purposes of sharing my medical evidence, the other provider named above acts as a data controller, who determines the purposes and ways of the processing of personal data. Once my medical evidence has been shared with Guardian, it'll become a data controller for its own use of that information.

I understand that:

- This includes sensitive health data.
- This consent is voluntary, and I can withdraw it at any time by contacting Guardian.
- Withdrawing consent won't affect any processing already carried out before the withdrawal.
- Both organisations will handle my information in line with their privacy policy.

View Guardian's privacy policy here: <https://guardian1821.co.uk/privacy-policy/>.

Signature:

Your name (first/last name):

Date (dd/mm/yyyy):

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