

LETTER OF AUTHORITY FOR GUARDIAN TO SHARE EVIDENCE WITH ANOTHER PROVIDER

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

Once you've filled in the form, please send it to us at underwriting@guardian1821.co.uk and we'll share the evidence with this provider on your behalf.

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:

Department receiving the
medical evidence:

Other provider's email address:

DECLARATION

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

For the purposes of sharing my medical evidence, Guardian acts as a data controller, who determines the purposes and ways of the processing of personal data. Once my medical evidence has been shared, the other provider named above will become a separate data controller for their 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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