

## Authority to Act Form

### **When should I complete this form?**

You should complete this form if you would like someone to act on your behalf to seek, or help you with seeking redress.

Sometimes people need help to work through this process. We are happy to work with you, and others, to help with this. We need to make sure that it is clear who you have authorised us to talk to about your claim and what you have authorised them to do for you. By making sure we are talking to the right people we ensure that you and your information are protected.

### **Who can act on my behalf or help me?**

Some people have a trusted person to represent them (for example a parent, caregiver, family member or legal guardian). They are sometimes called an 'agent'. We need to know you are happy for us to talk to these people and share information about your claim with them. You are responsible for anything they do on your behalf, so it is important that you choose your nominated person/agent carefully.

Consider the following:

- How long you have known the person?
- Do you trust them to always act in your best interests?
- Will they keep you informed as to what they are doing for you?

You may have a legal representative acting on your behalf. This form does not need to be filled out if that is the case.

### **What if I change my mind?**

You can stop the person from acting on your behalf or helping you at any time, you just need to let us know.

They can also decide to stop acting for you at any time. If this happens you will need to act for yourself or let us know if you want another person to help you or act on your behalf.

### **What if I just want a support person?**

You don't need to complete this form if you just want a support person. A support person is someone who comes to meetings with you, helps you express your point of view and provides you with emotional support.

### **Is there anything they can't do on my behalf?**

You cannot have someone enter into a settlement agreement with a redress agency on your behalf. They can help you with the particulars and support you to make a decision, but they cannot enter the settlement for you.

### **Can the person acting on my behalf accept a payment for me?**

If you want your agent to accept financial redress on your behalf, please contact, or have your agent contact, the redress staff member you are working with to organise this.

**Your details (survivor)**

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Your nominated person/agent**

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

**I want this to continue: (tick one)**☐ until my claim is closed.☐ until this date: \_\_\_\_\_**In relation to me and my claim, I authorise this person to have the power and authority to: (tick all that apply)**☐ Receive information on my behalf☐ Provide information to redress agencies on my behalf☐ Convey my decisions and work through any particulars of these decisions (this does not include authorisation to enter into a settlement agreement)

Is there anything you do not want this person to be able to do?

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**Your (survivor) signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

OR: authorisation was given by:          phone          email          other          (circle one)

- I authorise redress agencies to act on the instructions of my nominated person/agent as indicated by this form
- I understand that redress agencies are not responsible for any actions of my nominated person/agent using this authority
- I understand that this authority comes into effect from the date this form is received by the applicable redress agency
- I understand I can cancel this authority at any time by notifying the applicable redress agency.

**Nominated person/agent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- I agree to act on the instructions of the survivor specified in this form
- I understand that this authority comes into effect on and from the date this form is received by the applicable redress agency
- I understand I can cancel this authority at any time by notifying the applicable redress agency.

A record of this authorisation can be found: (redress agency to complete)

\_\_\_\_\_

Please return this form to:

State Redress NZ service  
PO Box 1556  
Wellington 6140

or email it to: [contact@info.redress.govt.nz](mailto:contact@info.redress.govt.nz)