

Notification and Authorisation

In Respect Of:

| | | | |
|------------------|--|------------------|--|
| Client One Name | | Client Two Name | |
| Client One DOB | | Client Two DOB | |
| PO Box Number | | PO Box Number | |
| Street Address | | Street Address | |
| Suburb & Town | | Suburb & Town | |
| State & Postcode | | State & Postcode | |

To whom it may concern,

I/we request that all relevant information on our/my insurances, superannuation or other financial information be released to staff on request (as below).

The Planner's Office details, address and contact number are as follows:

| | | | | | |
|---------|--|-----|--|-------|--|
| Office | | | | | |
| Address | | | | | |
| Phone | | Fax | | Email | |
| ABN | | | | | |

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at the above mentioned office. This authority shall remain in force for 365 days unless otherwise revoked.

Signed:

| | | | | | |
|---------------|--|-----------|--|------|--|
| Client 1 Name | | Signature | | Date | |
| Client 2 Name | | | | | |