

Authority to access my information

**To whom it may concern**

**This letter gives you authority** to release any relevant information or documentation on my/our investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

**Planner name:** **Practice name:**

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**Address:**

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**Phone:** **Fax:**

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**Email:**

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**Policy / Account / Fund name: Policy / Account number:**

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**This authority remains in force until withdrawn in writing by me / us.**

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| **Client name:** | **Date of birth:** |
| **Current Postal address:** | |
| Previous Postal Address: | |
| **🗴** | **Date:** |

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| **Current Postal address:** | |
| Previous Postal Address: | |
| **🗴** | **Date:** |