

Authorisation to Collect Information

Please accept this copy as authority, as the original will stay on file at the below address.

To	Customer Service Manager		
Superannuation/Insurance Provider Name			
Client name		Date of birth	
Address		Member/Policy Number	

To Whom It May Concern,

Access to Information

- ☐ I/We Authorise you to provide representatives of **AWS Financial Planning** with any information and documentation they require regarding my/our insurance, superannuation and investments.
- ☐ I am/We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to **AWS Financial Planning** and its representatives.

Client Signature	/ /
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Adviser Names	Lindsay Yelland, Alexander McMillan, Marissa Campbell-Service	
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Adviser Code		