

AUTHORITY TO ACCESS INFORMATION

TO WHOM IT MAY CONCERN:-

I/We
of (address)
.....
.....

Request that all relevant information on our/my investments, insurances, superannuation, bank accounts and other financial information be released to:

.....
.....

and any associates of Lowe Lippmann Trakman Financial Services Pty Limited on request. Lowe Lippmann Trakman Financial Services Pty Limited ABN 50 102 605 023, Authorised Representative of Hillross Financial Services, AFS Licence Number: 232705.

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Lowe Lippmann Trakman Financial Services Pty Limited.

If any correspondence is requested, this is to be sent to the following address:-

Lowe Lippmann Trakman Financial Services Pty Limited
PO Box 130
St Kilda, Vic 3182.

Yours faithfully,

Client Signature

Date:

Client name

/ /

Date of Birth

Client Signature

Date:

Client name

/ /

Date of Birth