

Authority to Access Information

To Whom It May Concern:

I	<input type="text"/> (Client Name)	Date of Birth	<input type="text"/>
Of	<input type="text"/> (Address)	In the state of	<input type="text"/>

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

Warren Strybosch

or their staff e.g. Char Poblacion, Allan Gronifillo, Maggie Rose
(Name/s)

or any other representative, agent, or Adviser of ClearView Financial Advice Pty Limited on request.

For Policy/Account:

Warren Strybosch

is an Authorised Representative of ClearView Financial Advice Pty Limited, ABN: 89 133 593 012, AFSL: 331367, registered address: Level 14, 20 Bond Street, Sydney NSW 2000

Please appoint the above Adviser as the servicing adviser to my account.

Please accept a <photocopy/facsimile/electronic copy> of this letter as my authority, as the original is held by my ClearView Financial Advice Pty Limited Financial Adviser.

Yours faithfully,

Client Name:

Client Signature:

<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
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