

AUTHORITY TO ACCESS INFORMATION

TO WHOM IT MAY CONCERN:-

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

Request that all relevant information and/or documentation 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 postal address, fax number or email address:-

Postal address: Lowe Lippmann Trakman Financial Services Pty Limited
 PO Box 130
 St Kilda Vic 3182

Fax number: (03) 9537 2788

Email address: info@lltfs.com.au

Yours faithfully,

Client Signature

_____ **Date:** _____

Client name

____ / ____ / ____

Date of Birth

Client Signature

_____ **Date:** _____

Client name

____ / ____ / ____

Date of Birth