

Date: / /

Letter of Authority

I/We:

Herewith give authority for:

Mr Robert Amos

Authorised Representative 237718

C\O AFG Financial Planning

Suite 5, 39A Glenferrie Road

MALVERN VIC 3144

Telephone: 03 9500 0500

Facsimile: 03 9500 1988

Mobile: 0413040199

To receive any and all necessary information for and on behalf of us in order that our financial affairs may be investigated with a view to our financial planning. Please provide all information for the following or any other policies held with:

Name of Financial Institution

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Policy Name	Policy Number

Mr: _____

Signed: _____

Date:_____

Mrs: _____

Signed: _____

Date:_____