

CLIENT AUTHORISATION FORM



To whom it may concern,

I, , whose date of birth is of
Client name *Client Date of Birth*

Client Full Address

Request that all relevant information about my:

- Investments
- Superannuation
- Bank Accounts
- Insurance
- Centrelink entitlements
- Other: _____

be released on request to my financial adviser and their staff:

Adviser Name:

Firm Name:

Phone number:

My adviser is an Authorised Representative of Count Financial Limited, ABN 19 001 974 625, Australian Financial Services Licensee, AFSL No. 227232.

Please accept a photocopy or facsimile copy of this letter as authority. The original will stay on file at:

Firm Address

I ask that you please keep this authority in place until revoked.

Yours faithfully,

Client Signature *Date*