

Letter of Authority to Release Information

To Whom it May Concern

I/We

Of *(address)*

request that all specified relevant information on my/our investments, insurances, superannuation, or other financial information be released to Fowler's Group.

Fowler's Group Pty Ltd is authorised representative (no. 230575) for FYG Planners Pty Ltd, Australian Financial Services Licensee Number 224543 & Life Insurance Broker.

Please forward the requested information to:

**Fowler's Group
P O Box 662
Cairns QLD 4870**

Facsimile: (07) 4031 2478

A photocopy or facsimile of this authority has been provided to you for your records. The original authority will be kept on file at Fowler's Group for a statutory period of seven (7) years after the date the authority was executed.

Attached is a copy of our Drivers Licences to verify our signatures.

Yours faithfully,

Signed _____

Name

DOB

Dated

Signed _____

Name

DOB

Dated