

To whom it may concern,

Authority to Provide Information



Re: Policy Number _____

We/I, _____

of _____

D.O.B. _____

request that all relevant information on our/my investments, insurance's, superannuation to be released to Insurance Management Advice Pty Ltd on request.

Mohammed Abou-Eid

Insurance Management Advice Pty Ltd
83 Sydney Rd
Coburg, VIC. 3058

Authorised Representatives of:

Total Financial Solutions ABN 94 003 771 579

Australian Financial Services Licensee (AFSL number 224954)
Life Insurance Broker
Level 11, 309 George Street, Sydney NSW 2000

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Insurance Management Advice Pty Ltd

Yours faithfully

Signature

Please print name

Date: _____