



Authority To Obtain Information

I _____ (Client 1)

Date of Birth _____ and,

I _____ (Client 2)

Date of Birth _____ of Residential Address,

Hereby authorize Bruce Donnelly of Prowealth Financial Planning (whose signature appears below) to enquire and obtain information in relation to my/our financial affairs as indicated on the following checklist:

Area of Authority	Client 1 -	Client 2 -
Accounting/Taxation	YES / NO	YES / NO
Banking/Finance	YES / NO	YES / NO
Investments	YES / NO	YES / NO
Superannuation	YES / NO	YES / NO
Personal Insurances	YES / NO	YES / NO
General Insurance	YES / NO	YES / NO

On presentation of this authorization, please provide Prowealth Financial Planning with full access to my records and information so that they can advise me appropriately. If you require any further information, please contact Bruce directly on (02) 4322 2246.

Signed _____ **Date** _____

Name _____

Signed _____ **Date** _____

Name _____

Signed _____ **Date** _____

Bruce Donnelly, Prowealth Financial Planning.
Authorised Representative The Salisbury Group (AFSL No: 225379)

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