



Authority To Obtain / Share Information

/ /

To whom it may concern,

I/we named below hereby expressly authorise Prowealth[®] (whose representative signature appears below) to enquire and obtain information in relation to my Superannuation, Employment, Insurance, Rental Property information and/or any other information as may be required to ascertain my current financial position.

On presentation of this authorisation, please provide Prowealth[®] and it's authorised staff with full access to my records and information.

Client Full Name	
Client Signature	/ /
Date of Birth	
Client Full Name	
Client Signature	/ /
Date of Birth	
Client Current Residential Address	

For your convenience we have enclosed the following identification documents -

- | | | |
|--|--|--|
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Credit card/s | <input type="checkbox"/> Super Fund Statement/s |
| <input type="checkbox"/> Birth Certificate or Passport | <input type="checkbox"/> Payslip/s | <input type="checkbox"/> Rental Property Statement/s |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Rates Notice | <input type="checkbox"/> Letter from Accountant |

We thank you for your co-operation.

Please contact us on the number below should you wish to verify this authority.

Authorised Prowealth Staff Member	<i>D. Goodwin</i>	/ /
Name Auth Signed		
Prowealth Director		/ /
Name Auth Signed	Daniel Leonard Goodwin	