



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 CCA Financial Planners on request.

Christopher Cachia and staff of CCA Financial Planners

Christopher Cachia & Associates Pty. Ltd. T/A CCA Financial Planners
Suite 15.19

401 Docklands Dve

Docklands Vic 3008

03 8651 6555

Authorised Representatives of:

GWM Adviser Services Ltd ACN 002 071 749

Australian Financial Services Licensee (AFSL number 230692)

Life Insurance Broker

Level 1, 105 – 153 Miller Street North Sydney NSW 2060

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Christopher Cachia & Associates Pty. Ltd.

Yours faithfully

Signature

Please print name

Date: _____