

TO – Company/Provider _____
 Phone _____
 Fax _____

Authority to collect Information or transfer servicing rights of financial products

Client Name: _____

Client Address: _____

Client Date of Birth: _____ / _____ / _____

Policy Number: _____

To whom it may concern,

- I authorize you to provide the representatives of the business named below with any information and documentation they require regarding my superannuation, insurance and investments.
- I authorize the adviser named below to become my servicing authorized representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorized representative
- I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business names below and its representatives.

Adviser: _____

Adviser Code: _____

Other representatives/staff: _____

Company: Dib Financial Services
 Address: 393 Hume Highway
 Bankstown NSW 2200

Phone: 02 8700 1015
 Fax: 02 9790 7365
 Email: finplan2@dib.com.au

Should you have any further queries, please do not hesitate to contact my Financial Advisers office via the above contact details.

Client Signature: _____ Date ___ / ___ / ___

Client Name: _____