

## CLIENT DETAILS:

**I / WE,** Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FROM,** Street \_\_\_\_\_ Suburb/City \_\_\_\_\_  
State \_\_\_\_\_ Post Code \_\_\_\_\_

Request that all relevant information on our/my managed investments, superannuation, insurances, bank accounts and direct investments (shares, property), be released to:

**FINANCIAL ADVISER:** \_\_\_\_\_ Adviser Number: \_\_\_\_\_

**COMPANY:** Austbrokers Countrywide Financial Services  
PO Box 68  
Surrey Hills VIC 3127

**LICENCE DETAILS:** Countrywide Tolstrup Financial Services Pty Ltd T/A  
Austbrokers Countrywide Financial Services  
is a Corporate Authorised Representative of  
Millennium3 Financial Services Pty Ltd  
ABN 61 094 529 987  
Australian Financial Services Licensee –  
Licence Number 244252  
7/50 Borthwick Avenue, Murarrie, QLD 4172

## POLICY DETAILS:

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at the Austbrokers Countrywide Financial Services office.

Yours sincerely,

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_