



LETTER OF AUTHORITY

To whom it may concern,

I/we _____

Of _____

Request that all relevant information on my/our investments, insurances, superannuation, bank accounts, loan or other financial information be released on request to Philip Patterson. He is an authorised representative of Lifespan Financial Planning Pty Ltd.

Lifespan Financial Planning Pty Ltd has an Australian Financial Services Licence (No. 229892). Their contact details are detailed below:

Address: Level 1, 20 Loftus Street, Sydney NSW 2000

Tel: (02) 9252 2000

Fax: (02) 9252 2330

Please accept a photocopy of this letter as authority, as the original will stay on file at Lifespan Financial Planning Pty Ltd.

Yours faithfully,

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Date: _____