

Letter of Authority/Information Release Form

Life Company: _____

Contact: _____

Date: _____

Phone: _____

Fax: _____

Dear Sir/s,

Client: _____

DOB: _____

Policy Number/s: _____

I hereby give Michael Milne of Apogee Financial Planning, 83 Sydney Road
COBURG 3058, authority to access my policy/account details via telephone.

This authority includes obtaining the following information only:

- Insured amounts / balances;
- Policy type and any particular policy features; &
- Associated premiums.

This authority does not permit Michael to implement the following:

- Change or alter any policy details; &
- Cancel or defer any policy.

I trust this request meets with your approval. Thank you for your assistance.

Signature _____

Address _____