



Russell Van Homrigh
Financial Services

AUTHORITY TO OBTAIN INFORMATION THIRD PARTY AUTHORITY

Client Name:.....

Address:.....

.....

Date of Birth:.....

POLICY/MEMBER NUMBER: COMPANY NAME:.....

I authorise you to provide any and all information and documentation relating to my Risk Insurance, Superannuation and Investments, including but not limited to statements, balances and transcripts of conversations had on behalf or about all of my account/s to:

Russell Van Homrigh & Staff (Michael Whittaker, Suzanne Muir, Joanne Van Homrigh, Charles Whittaker)

I request this authority be held until I advise it is no longer to be acted upon in writing and does not have an expiration date or time

Russell Van Homrigh & Russell Van Homrigh Financial Services Pty Ltd
ABN 21 050 408 136
Authorised representatives of
Synchron AFS Licence 243313

P.O. Box 552, Albany Creek QLD 4035
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www.rvhfs.com.au

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Name

Signature

Date

The information you provide on this form may be disclosed to third parties who are involved in activities relating to your risk insurance policy or provided to lawfully authorised government agencies in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth). To obtain a copy of our Privacy Policy, please visit our website www.synchron.net.au, contact us on (03) 9328 3900 or write to us at PO Box 438, North Melbourne, Vic 3051.