

Authority For Access

Fund Name _____

Phone Number _____

Fax Number _____

Re:

Member Name: _____

Member No.: _____

Date of Birth: _____

Address: _____

To Whom It May Concern:

Please grant LifeGuard Financial Services (Aust) and staff of this office, full access to all areas and information relating to my policy listed above.

I also authorise any forms or documentation to be ordered by and posted to LifeGuard Financial Services.

Regards,

Signature

Date

Please attach a copy of Identification