

My authority to access my information

To whom it may concern

This letter gives authority to release any relevant information or documentation on my investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

Planner Name	Practice Name			
Sam Jewell Rebecca Pritchard Christine Dang Marcus Boadle MyMy Nguyen Peter Fullarton Mags Soum John Resty Lester Acasio Marc Subido Joy Guarino Reggie Miape Evelyn Lee Jessa Adriatico		Rising Tide Financial Services		
Address	Phone	Fax	ABN	
108 New Quay Promenade Docklands VIC 3008	03 7033 0287	03 9600 0630	27 479 269 548	
Licensee AFSL			-SL	
AMP Financial Planning Pty Limited		232706		

Email

samj@ctrt.com.au | rebecca@ctrt.com.au | christine@ctrt.com.au | marcus@ctrt.com.au | mymy@ctrt.com.au | peterf@ctrt.com.au | mags@ctrt.com.au | john@ctrt.com.au | lester@ctrt.com.au | marc@ctrt.com.au | joy@ctrt.com.au | reggie@ctrt.com.au | evelyn@ctrt.com.au | jessa@ctrt.com.au

Please send documentation to this office by \Box Fax \boxtimes Email \Box Post

This authority remains in force until withdrawn in writing by me.

Client Name	Date of Birth		

Postal Address (Current)

Postal Address (Previous)

Email Address:	Mobile Number [.]

Company Name Insurance / Super / Investment	Policy Type (Super / Investment / Insurance)	Member / Account Number

Signature	Date:
×	

Authority to access information form last updated 11/04/2022