

## Third Party Authorisation to collect information

<b>Client:</b>	
<b>Date of Birth</b>	
<b>Address:</b>	
<b>Previous Address</b>	
<b>Provider Name:</b>	
<b>Product:</b>	
<b>Account/Policy No:</b>	and any other policies/accounts held in my name not listed above

To whom it may concern,

**I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.**

<b>Adviser Name:</b>	<b>Kelly Brady</b>	<b>Authorised Representative No. (if applicable):</b>	<b>451757</b>
<b>Advisory Team:</b>	<b>All Virtuous Planning Support Staff, including but not limited to: Kimberley Brady, Luke Evans, Ellie Wright, William Blahuta, Hayley Brady, Dee Wiseman</b>		
<b>ABN:</b>	22 558 914 245		
<b>Telephone:</b>	07 5356 9200	<b>Email:</b>	<b>admin@virtuousplanning.com.au</b>
<b>Business Name:</b>	<b>Virtuous Planning</b>		
<b>Business Address:</b>	1 Main Creek Road Tanawha Sunshine Coast 4556		
<b>Licensee:</b>	<b>Vest Financial Pty Ltd</b>		
<b>AFSL Number:</b>	<b>549415</b>	<b>ABN:</b>	<b>45 667 897 369</b>

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

<b>Signature</b>		<b>Date</b>	
<b>Name:</b>			