



trading as Scenic Rim Financial Planning

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INFORMATION REQUEST AUTHORITY

Authority to provide financial information and documentation

Name of Product Provider e.g. Insurance/	
Superannuation provider	
Dear Sir/Madam,	
I hereby authorise and req	uest that you provide the authorised representatives of Voyager
Wealth Management; Sara	h Nulty, Robert Lawrence, Jennifer Petrovic, Natalie McMahon and
	d in this signed information request authority, with any
	est from you concerning my business, personal, financial, banking,
investment, insurance, sup	erannuation or other arrangements.
Members Name:	
Membership Number:	
Date of Birth:	
Address:	
Signed -	