



INFORMATION REQUEST AUTHORITY

Authority to provide financial information and documentation

Name of Product Provider e.g. Insurance/ Superannuation provider	
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Dear Sir/Madam,

I hereby authorise and request that you provide the authorised representatives of Voyager Wealth Management; Sarah Nulty, Robert Lawrence, Jennifer Petrovic and Nina Lawrence; as outlined in this signed information request authority, with any information they may request from you concerning my business, personal, financial, banking, investment, insurance, superannuation or other arrangements.

Members Name:	
Membership Number:	
Date of Birth:	
Address:	

Signed - _____ Dated: ____/____/____