



Voyager Wealth Management Pty Ltd 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
•	h Nulty, Robert Lawrence, Jennifer Petrovic and Nina Lawrence; as
outlined in this signed info	rmation request authority, with any information they may request
from you concerning my bu	usiness, personal, financial, banking, investment, insurance,
superannuation or other a	rangements.
Members Name:	
Membership Number:	
Date of Birth:	
Bute of Birtin	
Address:	
Signed	Dated:/