

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 request that you provide the authorised representatives of Voyager Wealth Management; Sarah Nulty, Robert Lawrence and Ira Singh; 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: ____ / ____ / ____