

CHANGE OF ADVISER FORM

Authority to change nominated financial adviser, provide financial information and documentation

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Dear Sir/Madam, I hereby authorise and request that you authorise **Robert Lawrence** (as detailed below), authorised representative of Voyager Wealth Management as outlined in this signed information request authority, as my acting Financial Adviser and provide him with any information he may request and transfer all adviser remuneration rights.

Adviser details:

Adviser Name:	
Adviser Code:	

Client details:

Members Name:	
Policy/member Number:	
Date of Birth:	
Address:	

Signed - _____ Dated: ____ / /

Voyager Wealth Management Pty Ltd ABN 18 112 135 350

Corporate Authorised Representative AD Advisory Services ABN 68 005 830 802 AFSL 237 058