Authority to Release Information

To whom it may concern,

Please consider this notice as confirmation that the person detailed below has requested that Insurance HQ P/L, authorised representative of Oracle Group (Australia), receive information that will allow them to fulfil their obligation to do adequate research into the existing policies held.

Authority is given to provide access to any and all claims, premium and policy information as required in pursuit of this obligation by the adviser or staff, and such request for information is enclosed within this notice.

This authority remains in force until withdrawn in writing by me or 90 days, whichever comes first.

Whilst this Letter of Appointment is not on any letterhead, I attest to its authenticity and intent in my		capacity as: Director	CFO	Owner
Insured Name:	ABN:			
Print Name:				
Signature:	Date:			
Mobile Number:	Email:			
Insurer	Policy Number			



