LETTER OF AUTHORITY

Dear Sir / Madam

Please accept this letter as I have authorised the following company to obtain information on my behalf in relation to my policy/account shown below. Would you please provide the company (and its representatives) with the required information as per the attached request. As I presently live in Australia I would like to <u>consider</u> the transfer of my benefits from the Scheme to a QROPS registered in Australia, we will therefore require a current equivalent transfer value, a list of any exit penalties and the required paperwork if we do decide to proceed.

Aspect Wealth Advisers			
Street Address: Level 1, Unit 5	Mail to: PO Box 365		
81 Bishop Street	Kelvin Grove DC QLD 4059		
Kelvin Grove QLD 4059 AUSTRALIA	AUSTRALIA		
T: + 61 7 3354 9000 F: + 61 7 3354 9090 E: enquiry@aspectwealthadvisers.com.au			
Title: 🗌 Mr 🗌 Mrs 🗌 Miss 🔲 Ms Other			
Name:			
Date of Birth:	Marital Status	arried \Box Single \Box Divorced \Box Defacto	
National Insurance Number:			
Address:			
		Postcode:	
Email:			
Telephone Home	Work	Mobile	
Please indicate the date you first arrived in Australia Notes: For migrants to Australia, generally this should be the date you arrived in Australia. For Australian citizens, this should be the date you returned from the UK.			
Please indicate the date you we Notes: This is the day before migrating to Australia and			
Residency Status 🗌 Citizen	Permanent Temporary		
Name of UK Pension Fund:			
Address:			
		Postcode:	
Policy Number or Reference Nu	ımber:		
Type of UK Pension Fund Company Personal AVC FSAVC SIPP SSAS Other			
Signature		Date	

Aspect Wealth Advisers: ABN 67 679 117 248 is an Authorised Representative of Hillross Financial Services ABN: 77 003 323 055, AFSL: 232705