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 cash equivalent transfer value, a list of any exit penalties and the required paperwork if we do decide to proceed. I give you my permission to email the CETV statement and paperwork to my, and my advisers email address.

Aspect Wealth Advisers		
Street Address: Level 1, Unit 5	Mail to: PO Box 295	
81 Bishop Street	Red Hill QLD 4059	
Kelvin Grove QLD 4059 AUSTRALIA	AUSTRALIA	
T: + 61 7 3354 9000 F: + 61 7 3354 9090 E: enquiry@aspectwealthadvisers.com.au		
Title:		
Name:		
Date of Birth:	Marital Status	s Married Single Divorced 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 were last a resident of the UK		
Residency Status 🗌 Citizen 🗌 Permanent 🔲 Temporary		
Name of UK Pension Fund:		
Address:		
		Postcode:
Policy Number or Reference Number:		
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 Shartru Wealth Management ABN: 46 158 536 871, AFSL: 422409