AUTHORITY

Name				Date of Birth	,	/	/	
Name				Date of Birth	,	/	/	
Address								
				d/or documen emain on file u				
				I the Staff of				
				ning (Nicole Wilson, Kia				
/AI		McFadze	an, Justir	e Kitto).				
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□ Investm		07.0.1						
□ Insuran□ Superar	ce nnuation							
□ Centreli	nk Records							
□ Other								
	accept a fax ett Financial P		y of this au	thority as the	original w	/ill sta	ay on	
Yours since	erely,							
Signature		Signature						
Date /		/	Date	/	/			