AUTHORITY

Name			Date of Birth	/	/
Name			Date of Birth	/	/
Address					
I/We request that all relevant information and/or documents in relation to the subjects specified below, be released to and remain on file until revoked to:					
(Damian Zar	Bar Ha netti and Barnett I	amian Zanetti an nett Financial Plainsworth, Diann McFadzean, Jus Financial Planning are Pty Ltd AFSL: 485 16	anning (Nicole e Wilson, Kia tine Kitto). e Authorised Represe		triscope
Phone: Fax: Email:		(02) 9659-3955 (02) 9659-4912 admin@bfpwealth.com.au			
Street Address:		15/15 Terminus Street CASTLE HILL NSW 2154			
Postal Address:		PO BOX 2036 CASTLE HILL NSW 1765			
InvestmeInsurancSuperancCentrelingOther	e				
	accept a fax/ tt Financial Pla	photocopy of this anning.	authority as the o	original will st	ay on
Yours since	rely,				
Signature		Sig	ınature		
Date//		_/ Dat	Date/		