

TO WHOM IT MAY CONCERN

I _____ (full name) of

(my postal address with Super Fund)
authorise _____ (name of old Super Fund) to supply
any information requested about my _____ (Old Super Fund Member No)
to my financial planners firm:.

Craig Smith & Associates
Phone: 1800 4444 11
Fax: 02 6559 2869
E-mail: craig@craigsmith.com.au
PO Box 129, Hallidays Point NSW 2430

Yours sincerely

_____ Date ____ / ____ / 20____
(Signature) (Date signed)

My Date of Birth: ____ / ____ / ____

Further Detail:

Address of old super fund: _____

Phone No of old super fund: _____

Fax of old super fund: _____