



CLIENT AUTHORISATION FORM

I/We _____ ID No./Reg No. _____

Hereby authorise Graeme Lacey or Mercia Humpel of Value Added Solutions to request and receive any and all information they may require on the following of my policies/investments. This includes, but is not limited to:

- All current and past policy/investment values.
- Any change quotes.
- Copies of original application forms, loan forms, contracts etc.
- Copies of any and all documentation pertaining to my/our policy/investment
- Any and all, actuarial, and other, calculations that might be requested.

INVESTMENT/LIFE COMPANY

POLICY NUMBER (If available)

THIS DONE AND SIGNED THIS _____ DAY OF _____ 20____

SIGNATURE: _____

DATE: _____