



PO Box 9292, South Yarra VIC 3141

Ph: 1300 44 77 10

Fax: 1300 44 24 10

Attention: Life Shield

Fax: 1300 44 77 10

Re: **Review of my existing policies**

Page 1 of 2

My Details

Full Name:

Contact Phone Number:

Contact Email Address:

Additional Comments:

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AUTHORISATION TO COLLECT INFORMATION OF INSURANCE PRODUCTS.



PO Box 9292, South Yarra VIC 3141
Ph: 1300 44 77 10
Fax: 1300 44 24 10
ABN: 84 156 562 370

To whom it may concern,

- I authorise you to provide the staff from Life Shield with any information and documentation they require regarding my policies.
- I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the Staff at Life Shield.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at Life Shield.

NOTES

Name(s):

Date(s) of Birth:

Residential Address:

Insurance Company/ies and Policy Numbers:

Yours sincerely,

Name	Signature	Date