

# Information Release Form

To Whom It May Concern,

I, \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_

authorise that all relevant information about my investments, insurances, superannuation, bank accounts and/or other financial information be released, upon request, to:

**Adviser\* Name:** Kevin Griffin of Griffin Financial Advisory Pty Ltd

Authorised Representative of GWM Adviser Services Limited ABN 96 002 071 746  
trading as MLC Financial Planning, Australian Financial Services Licensee, 105-153  
Miller Street, NORTH SYDNEY NSW 2060

Including the following adviser's staff:

All Staff of Griffin Financial Advisory Pty Ltd \_\_\_\_\_  
\_\_\_\_\_

Adviser's address and contact details:

10 Howard Street \_\_\_\_\_

LINDFIELD NSW 2070 \_\_\_\_\_

Phone 02 8901 4885 Fax 02 8088 1033 Email [kevin@griffinadvisory.com.au](mailto:kevin@griffinadvisory.com.au)

Please accept a photocopy, facsimile or electronic copy of this form as my authority.  
The original signed form will be held on file at the adviser's address above.

**Client's Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

\* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.