

AUTHORITY TO ACCESS INFORMATION

To whom it may concern,

Please accept this signed document as written confirmation that **Matthew Burns** of MCP Personal Insurance (AFSL 237641 and ABN 18 297 498 628) is authorised to access all information relating to my investments, insurance, superannuation, or other financial information on request.

Please note this Authority will remain in place indefinitely until revoked in writing.

Name		
Date of Birth		
Address		
Contact no		
Insurer		
Policy no		

Should you have any queries regarding this matter please do not hesitate to contact me or my/our advisor on the details below:

MCP Personal Insurance

Matthew Burns
Level 7
520 Collins Street
MELBOURNE VIC 3000

Thank you for your co-operation regarding this matter.

Client (1) signature: _____ Date: _____

Client (2) signature: _____ Date: _____