



# INFORMATION AUTHORITY

Dear Sir / Madam,

I hereby authorise the release of all information and / or documentation relating to my investments, policies, financial and personal information requested by Timothy van Doore / Jaymee Pasco / Rebecca Moran / Nikki Middleton / Karen Engelbrecht / Stuart Long / Lachlan Money / Janis Glassop / Drew Bacon and support staff at Stream Financial, until this authority is revoked in writing.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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Past address: \_\_\_\_\_  
\_\_\_\_\_  
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Past address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Their contact details are as follows:

Stream Financial

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GPS Wealth Ltd, Australian Financial Services No. 254544.

Head office:

Level 9, 89 York Street  
SYDNEY NSW 2000

Please accept this facsimile / photocopy as authority, as the original will stay on file at Stream Financial.

Thank you

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/>	Company: _____
<input type="checkbox"/>	Policy Number: _____
<input type="checkbox"/>	Name of Fund (if Super): _____
<input type="checkbox"/>	Copy of Drivers Lic. (if Super): _____

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