Weall Financial

127 Cambridge Street, West Leederville WA 6007
P.O. Box 1118, West Leederville WA 6901
Telephone (08)93815188
Facismile (08) 93815133
Email jweall@afswl.com.au

APPOINTMENT OF REPRESENTATIVE AND AUTHORISATION TO RELEASE INFORMATION

Dear Sir/ Madam,

| | We write to inform you that we have appointed John Weall (AFSL 263541) who is an Authorised Representative of RI Advice Group Limited (AFSL 238429) to act as our Financial Planner. We would like this to be noted on our record and any future brokerage to be paid to Australian Financial Services Ltd. We authorise you to provide John Weall or his staff with any information or details they may require about us. | | | | | |
|---|---|----------------------|---------------|-------------------------|--------|--|
| Please note that this request applies to the following persons and accounts/policies. | | | | | | |
| Name | | | Date of Birth | Addres | SS | |
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| To Alfandia a / Torono Arranda / Dalias Walder Arranda / Dalias Walder | | | | | | |
| Institution / Insurer Acco | | ount / Policy Holder | | Account / Policy Number | | |
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| I/We thank you in anticipation of the change to our records. Yours Faithfully, | | | | | | |
| | | | | | Date | |