



Letter of authority

Client details

Title Mr Mrs Ms Miss Other

Given names

Surname

Date of birth

Residential address (must be provided):

Suburb

State Postcode

Postal address (if different from above)

Suburb

State Postcode

Daytime telephone

Mobile

After hours telephone

Email

Authorisation and instructions

I hereby authorise the person(s) of the business mentioned below to seek information on my behalf about **all of my RBF super accounts.**

Company name:

Financial Planner name(s):

Other key contact(s):

Fund Retirement Benefits Fund (RBF)

Address GPO Box 446 Hobart TAS 7001

Phone number 1800 622 631

Fax number (03) 9245 5827

Member signature

Date