Westminster Wealth Solutions

Authorisation to collect information OR Transfer of servicing rights form

Provider details

Company name			
Telephone number		Fax number	

Client details

Client 1 name			
Client 2 name			
Address			
Date of birth		Account no.	
Product type		Product details	

I request for the following actions below to take into effect immediately :

- ☐ I / We authorise you to provide the adviser named in this form and all staffs of Westminster Wealth Solutions with any information and documentation they require regarding my policy listed above.
- ☐ I / We authorise the adviser named in this form to become my servicing authorised representative for my policy listed above. I / We understand that the responsibility of servicing my policy will be allocated to my new authorised representative of the business named in this form.
- ☐ I am / We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business and representatives named in this form.

Adviser details

Adviser name		Adviser code	
Business name	**Eclipse Network T/A Westminster Wealth Solutions**		
Mailing address	**PO Box D180, Perth WA 6849**		
Telephone number	**08 6210 8888**	Fax number	**08 6210 8897**
Email address	**wealth@wws.net.au**		

Please accept this facsimile copy / photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

Client 1 signature

Date   /   /

Client 2 signature

Date   /   /

Westminster Wealth Solutions • ABN 78 100 552 289 • ACN 100 552 289
Level 1, 139 Newcastle Street, Perth, Western Australia 6000 • Postal Address: GPO Box D180, Perth, Western Australia 6849
Phone: +61 8 6210 8888 • Fax: +61 8 6210 8897 • Toll Free: 1 800 625 988 • Email: wealth@wws.net.au • Web: www.wws.net.au

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Principal Address: Level 15, 520 Collins Street, Melbourne, VIC, 3000. Web: www.austfinservices.com.au. All information and advice is for the private use of the person to whom it is provided. The Authorized Representative provides you with advisory services in accordance with the disclosures in the Financial Services Guide. Australian Financial Services is responsible to you for all conduct.