

# Adviser authorisation

The Manager

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I hereby authorise \_\_\_\_\_ to disclose details of my investment/s to the following and request that his name be recorded in your files as my advisor for future reference and that any brokerage (if applicable) be paid to Financial Services Partners Pty Ltd.

**Mark Norman Lowe**

Authorised Rep No: 261171  
Financial Services Partners Pty Ltd  
ABN 15 089 512 587 AFSL 237590

GPO Box 4354  
Melbourne VIC 3001  
Ph:03-9602-8888  
Fax:03-9602-4404

Please forward to him a list of my investments in your funds.

Yours faithfully

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Signature/s

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Reference:

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