

Superannuation Authority

AUTHORITY

I hereby consent to and authorise Sequoia Superannuation Pty Ltd, the listed adviser and listed adviser organisation to discuss or request information/documents about any of my investments and/or financial dealings from the parties noted below:

Family Name

Given Names

DOB

Address

No/Street

Suburb

State/Territory

Postcode

Contact Details

Work

Home

Fax

Mobile

Email 1

Email 2

Name of Superfund(s)

1

Member/
Policy No.

2

Member/
Policy No.

3

Member/
Policy No.

4

Member/
Policy No.

Member

Name

Signature

Date

Adviser Details

Adviser Name

Organisation

Support Staff

Name

Date

Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd
GPO Box 4350
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.

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Sequoia Superannuation
Sydney | Melbourne | Brisbane

Web: www.sequoia.com.au
Ph: 02 8114 2290
Email: admin@sequoia.com.au

