

## AUTHORITY

**TO:** AMP Life Limited, PO Box 300 Parramatta NSW 2124

AMP POLICY NUMBERS	
Policy # 1 -	Policy # 2 -
Policy # 3 -	Policy # 4 -
AMP Current Gross Surrender Values (If known)	
Policy # 1 Gross Surrender Value \$	Policy # 2 Gross Surrender Value \$
Policy # 3 Gross Surrender Value \$	Policy # 4 Gross Surrender Value \$

***You are hereby authorised to release to Australian Policy Traders 5 & 10yr Conversion quotes and Policy Details for the above listed policy(s).***

POLICY OWNER 1	POLICY OWNER 2
Policy Owner's name (please print)	Policy Owner's name (please print)
Signature	Signature
Life Insured's name	Life Insured's name
Date of Birth ____/____/____	Date of Birth ____/____/____
Dated ____/____/____	Dated ____/____/____

POLICY OWNER/ADVISER TO PLEASE INSERT CONTACT DETAILS BELOW	
<b><i>Once policy (s) has been assessed, please contact;</i></b>	
POLICY OWNER	ADVISER
Home Ph	Name
Work Ph	Work Ph
Mobile	Mobile
Email	Email
<i>Postal Address</i>	<i>Postal Address</i>