

## Authority to Obtain Information Only

Email: [enquiries@mbsinsurance.com.au](mailto:enquiries@mbsinsurance.com.au)

I advise \_\_\_\_\_ that in respect to all policies held under my name as the policy owner, or the life insured, I authorise MBS Insurance to obtain all policy information.

### ADVISER DETAILS

Company: MBS Insurance Co Pty Ltd  
Adviser Code: \_\_\_\_\_  
Postal Address: PO Box 674 Willoughby NSW 2068  
Phone Number: 1300 100 722  
Email: [enquiries@mbsinsurance.com.au](mailto:enquiries@mbsinsurance.com.au)  
Policy Numbers: \_\_\_\_\_  
(if known)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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