

ADVISOR AUTHORITY FORM

Please complete and sign this form to provide an Advisor or company authority to access information regarding your accounts with Harmony Property Investments.

YOUR DETAILS		
Full Name:		
Account Name/s:		
ADVISOR DETAILS		
Full Name:		
Company Name:		
Address:		
Phone Number:		
Email Address:		
AUTHORISATION		
I hereby authorise,		
	neir staff to receive and view information in respect of	my ahove Account/s
	·	
Advisor will receiv	added as a CC to my Account correspondence via enve all Distribution Statements, Investor Updates, Finar	nail (If this is ticked, your nicials and Tax Statements)
Your Signature:	Date:	
Please send your com	pleted form to info@harmonyinvest.com.au	
We will confirm by email completed.	that your Advisor authority request has been received	d and has been validly
If you have any question	ns, please contact a member of the Harmony Property	Investments team on





(08) 8297 2400.