

CLIENT AUTHORITY

MR Michael Norman
Representative
Centre Capital Securities Pty Ltd.

Centre Capital
PO Box 564
BELMONT NSW 2280
Ph: 1300 132 214
Fax: 1300 736 498

Dear Michael

I/We confirm my/our appointment of you as my/our Financial Planner Representative of Centre Capital Securities Pty Ltd, Australian Financial Services Licensee, effective immediately.

Could you please notify all necessary fund managers with whom I/we hold investments/policies, of your access and brokerage entitlements accordingly.

I/We confirm that you and employees of the company Centre Capital, namely Robert Coyte, Clint Christoff, Geoff O'dell, Jaime Bloomfield & Rachelle Bunting, are entitled to use this letter as your authority to act in your capacity as my/our adviser/advisory company

Yours sincerely

Client Name

Client signature

Date

Date of Birth

Client Name

Client signature

Date

Date of Birth