



Membership Application Form

I understand that before my application to join the Liberty Adviser Network can be approved, the Board of Liberty Adviser Network Limited will need to verify the information that I have provided with the main insurance and risk companies that I deal with.

Authorisation to Request Information

This is my authorization for those companies that I have agencies with to release all information to Liberty Adviser Network Limited in regard to the amount, quality, and persistency of my business with them and to confirm the total income that I have earned from them during the past 12 months.

I also authorise the Board of Liberty Adviser Network Limited to approach those insurance industry representatives who are able to provide additional background information about me to confirm my suitability to join the Liberty Group.

Note that a photocopy or facsimile of this authority is sufficient direction for you to release this information.

Authorised by:

Name of Applicant: _____

Company : _____

Company Address: _____

Signature: _____ Date: _____

Signed on behalf of Liberty Adviser Network Limited

Name: _____ Position: _____

Signature: _____ Date: _____



Liberty Adviser Network Limited, PO Box 5943, Wellesley Street, Auckland