



**BEAMENT  
HEBERT  
NICHOLSON  
LLP**

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**DIRECTION**

**TO:** \_\_\_\_\_

**RE:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**ID:** \_\_\_\_\_

The undersigned hereby authorizes and directs you to forward to my solicitors **Messrs.**

**Beament Hebert Nicholson, 979 Wellington Street W., Ottawa, Ontario, K1Y 2X7, Attention:**

**Derek Nicholson**, a complete copy of my disability benefits application file including

Application for same and this shall be your good and sufficient authority for so doing.

Dated at Ottawa this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_