



TRIAL LAWYERS SINCE 1877

**BEAMENT  
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LLP**

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**DIRECTION**

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

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

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

**Claim No:** \_\_\_\_\_

The undersigned hereby authorizes and directs you to forward to my solicitors **Messrs. Beament Hebert Nicholson, 979 Wellington Street W., Ottawa, Ontario, K1Y 2X7**, a complete copy of my statutory accident 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:** \_\_\_\_\_