



**BEAMENT
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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 Green, 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: _____