

BROKERAGE POWER OF ATTORNEY, employer (Member of the Swedish Association of Insurance Brokers)

I/We hereby authorise

Complete name of company

Corporate identity number

or anyone it may designate to service in its stead,

- to gather information and represent us regarding present and future insurance coverage relating to personal insurance, including supplemental medical insurance, owned by us or taken out in connection with employment, and for which we pay, or have paid, a premium.

This power of attorney also gives a right to obtain information regarding pension guarantees ensured through a pension fund or by deposits in an account.

- ☐ This power of attorney applies to all employees.
- ☐ This power of attorney applies to all employees except for persons listed in the appendix.
- ☐ This power of attorney applies only to persons listed in the appendix.

The term "employees" shall also include previous employees, as well as substituted beneficiaries after the death of an employee.

This power of attorney shall void any previously issued powers of attorney related to the above-mentioned issues, and shall apply until this power of attorney has been revoked in writing, or replaced by a new power of attorney.

City or town

Date (yyyy-mm-dd)

Complete name of company

Corporate identity number

Signature of authorised representative

Name in block letters

Insurance broker in charge, name

Assistant, name

Insurance broker in charge, e-mail

Assistant, e-mail

Alecta

AMF

Danica

Folksam

HB Liv

Länsförsäkringar

Movestic

SEB Trygg Liv

Skandia

SPP Liv

Trygg-Hansa

Other

Other

Other

Other

Other

Other

Other

Other

Other

Appendix to brokerage power of attorney, employer

Date brokerage power of attorney was signed

Date (yyyy-mm-dd)

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Attorney in fact

Complete name of company

Corporate identity number

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This appendix relates to the following:

☐ **Exceptions** – Persons listed below shall be excepted from the above-mentioned brokerage power of attorney. The scope of the power of attorney for other employees is not affected by this

☐ **Addition** – Persons listed below will be covered by the above-mentioned power of attorney. The scope of the power of attorney for other employees is not affected by this

Name

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Personal identity number (yyymmdd-xxxx)

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Name

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Personal identity number (yyymmdd-xxxx)

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Name

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Personal identity number (yyymmdd-xxxx)

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Name

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Personal identity number (yyymmdd-xxxx)

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Name

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Personal identity number (yyymmdd-xxxx)

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Name

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Personal identity number (yyymmdd-xxxx)

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City or town

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Date (yyyy-mm-dd)

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Complete name of company

Corporate identity number

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Signature of authorised representative

Name in block letters

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