

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

I/We hereby authorise

Complete name of company

Corporate identity number

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or anyone it may designate in writing to serve 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 received in connection with a position, 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. The term "employees" also includes former employees, as well as substituted beneficiaries after the death of an employee.

This power of attorney also applies to companies that are part of the same group, and are listed in the appendix to this power of attorney. The principal certifies that he or she is authorised to sign this power of attorney on behalf of these companies.

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issued powers of attorney related to the above-mentioned issues, and shall apply until this power of attorney has been revoked in writing, or replaced by a new power of attorney.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

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Complete name of company

Corporate identity number

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Signature of authorised signatory

Name in block letters

Insurance broker in charge, name

Assistant, name

Insurance broker in charge, e-mail

Assistant, e-mail

Alecta

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AMF

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Danica

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Folksam

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HB Liv

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Länsförsäkringar

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Movestic

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SEB Trygg Liv

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Skandia

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SPP Liv

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Trygg-Hansa

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Other

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Other

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Other

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Other

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Other

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Other

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Other

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## APPENDIX to brokerage power of attorney, employer, group

### Attorney in fact

Complete name of the Company

Corporate identity number

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### List of companies that are to be covered by this brokerage power of attorney:

Complete name of the Company

Corporate identity number

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Complete name of the Company

Corporate identity number

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Complete name of the Company

Corporate identity number

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Complete name of the Company

Corporate identity number

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Complete name of the Company

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Complete name of the Company

Corporate identity number

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Complete name of the Company

Corporate identity number

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Complete name of the Company

Corporate identity number

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City or town

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