

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

I/We hereby authorise

Complete company name

Corporate identity number

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or anyone it may designate in writing to serve in its stead,

to obtain information regarding

- Personal insurance including supplemental health insurance, that belongs to us, or has been taken out in connection with employment, and for which we pay or have paid a premium.
- Pension guarantees ensured through a pension fund, or through deposits to an account.

☐ This power of attorney applies to all employees.

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

☐ This power of attorney applies only for the persons named in the appendix.

The term "employees" also includes former employees, as well as substituted beneficiaries after the death of an employee.

TERM OF VALIDITY

This power of attorney shall be in force:

☐ Until further notice

☐ Until

Date (yyyy-mm-dd)

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NOTE: If a date is indicated, this is the expiry date of the power of attorney. This power of attorney shall remain in force until it is revoked.

City/town

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Complete company name

Corporate identity number

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Signature of authorised signatory

Name in block letters

Insurance broker handling matter, name

Assistant, name

Insurance broker handling matter, 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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Supplement to power of attorney to obtain information, employer

Date on which the 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 supplement refers to:

- ☐ **Exception** – Persons listed below are excepted from the above-mentioned power of attorney to obtain information. The scope of this power of attorney regarding other employees is not affected by this supplement.
- ☐ **Addition – Persons listed below must be included in the above-mentioned power of attorney to obtain information.** The scope of this power of attorney regarding other employees is not affected by this supplement.

Name Personal identity number (yyyy-mm-dd-xxxx)

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Name Personal identity number (yyyy-mm-dd-xxxx)

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Name Personal identity number (yyyy-mm-dd-xxxx)

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Name Personal identity number (yyyy-mm-dd-xxxx)

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Name Personal identity number (yyyy-mm-dd-xxxx)

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Name Personal identity number (yyyy-mm-dd-xxxx)

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City/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

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