

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

I/We hereby authorise

Complete name of company

Corporate identity number

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

to gather information regarding

- 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,
- Pension guarantee ensured through a pension fund or through deposits into 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.

TERM OF VALIDITY

This power of attorney is valid:

☐ Until further notice

☐ Until

Date (yyyy-mm-dd)

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 or town

Date (yyyy-mm-dd)

Complete company name

Corporate identity number

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

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 information power of attorney, employer, group

Attorney in fact

Complete company name

Corporate identity number

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List of companies to be covered by the information power of attorney:

Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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Complete company name

Corporate identity number

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City or town

Date (yyy-mm-dd)

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Complete company name

Corporate identity number

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Signature of authorised representative

Name in block letters