

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

I hereby authorise

Complete name of company

Corporate identity number

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

to obtain information regarding my insurance coverage regarding

- personal insurance, including supplemental medical insurance,
- collective insurance in which I am named as an insured,
- other insurance contracts in which I am named as an insured.

This power of attorney also includes the right to gather all the information that I am entitled to access, both regarding my premium, income, and pension guaranty insurance, as well as when applicable, my national supplemental pension (ATP) as well as information regarding my savings in the IPS savings scheme, and pension guaranty secured by a pension fund or deposit to an account.

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)

Signature

Name in block letters

Personal identity number

Insurance broker handling matter, name

Assistant, name

Insurance broker handling matter, 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