

Authorised signatory mandate form

To Zurich International Life Limited (Zurich)

Company/Plan Name

Plan Number

(the **Plan**)

Completing this form

- This form is to be used to notify, update or replace authorised signatories who may instruct Zurich in respect of the Plan.
- This form must be signed by two authorised persons acting on behalf of the Plan. The persons signing will be accepted by Zurich as authorised signatories in addition to those named as authorised signatories on page 2 of this form (each an Authorised Signatory). All Plan Authorised Signatories will be deemed to have all powers, consents and approvals to instruct Zurich in respect of the Plan.
- Please complete this form and email a scanned copy to: corporate.pensions@zurich.com

Data privacy notice

The personal information requested in this form is collected and used by us as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at www.zurichinternational.com/im/legal/privacy.

By signing this form I/we agree to hold harmless Zurich from and against all liabilities arising from accepting instructions from each Authorised Signatory to the Plan.

On behalf of the Plan's sponsoring employer or Trustee(s) (as applicable), I/we the undersigned confirm my/our full power and authority to mandate Zurich to accept instructions from each Authorised Signatory mandated by this Form. Each Authorised Signatory shall be empowered to approve, sign and execute all Plan documentation from the date of each Authorised Signatories appointment until Zurich is notified of their removal.

Name (print)

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
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Name (print)

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
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Plan authorised signatories

By populating and signing the signatory list below you are confirming that all information is correct and that each specimen signature is genuine.

Signatory Requirements

Please specify the signing requirements for Plan documentation:

- Single signatory
 Joint signatory
 Other – please specify
 Whole Plan (all locations) or
 Specify location(s)

	Authorised signatory (Print)	Job Title	Specimen signature
<input type="checkbox"/> Add Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Remove Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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Zurich International Life Limited, Bahrain Branch, which is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Branch offices: 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.
Telephone +973 1756 3322.

Zurich International Life Limited, UAE Branch, which is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE governed by such law.

Registered offices at Unit 601, Building 6, Emaar Square, Dubai. (PO Box 50389 Dubai)
Telephone: +971 4 425 2300 www.zurich.ae

Zurich International Life Limited, Qatar Branch, which is authorised by the Qatar Financial Centre Regulatory Authority.

Branch offices: Office No. 404, 4th Floor, Qatar Financial Centre Tower, West Bay, Doha, Qatar.
Telephone: +974 4428 6322.

Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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