

# Authorized signatory mandate form

To Zurich International Life Limited (Zurich)

Policyholder Name

(the **Policyholder**)

Policy Number

(the **Policy**)

## Completing this form

This form is to be used to notify, update or replace authorized signatories who may instruct Zurich in respect of the Policy.

Please tick below to confirm the reason for use:

- notification of authorized signatories
- update of existing authorized signatories
- replace existing authorized signatories

This form must be authorised by company representatives that have authority to act on behalf of the company, in accordance with company designated rules. The persons signing will be accepted by Zurich as authorized signatories in addition to those named as authorized signatories on page 2 of this form (each an authorized signatory). All Policyholder authorized signatories will be deemed to have all powers, consents and approvals to instruct Zurich in respect of the Policyholder.

## Policy authorized signatories

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

## Signatory Requirements

Please specify the signing requirements for Policy documentation:

- Single signatory
- Joint signatory
- Other – please specify
-

## Section 1: Details of individuals

A suitably certified copy of a valid passport, or national ID card, showing a photograph of each individual signatory is required. The provided document must be consistent with the nationality listed below.

### Authorised signatory 1

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Full name (as per passport/official identification document)

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Job Title

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Specimen signature	<input type="checkbox"/> Add	D D M M Y Y Y Y
	<input type="checkbox"/> Remove	D D M M Y Y Y Y

Please tick if individual is a member of your company's board of directors

Nationality

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Country of residence

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### Authorised signatory 2

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Full name (as per passport/official identification document)

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Job Title

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Specimen signature	<input type="checkbox"/> Add	D D M M Y Y Y Y
	<input type="checkbox"/> Remove	D D M M Y Y Y Y

Please tick if individual is a member of your company's board of directors

Nationality

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Country of residence

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**Authorised signatory 3**

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Full name (as per passport/official identification document) \_\_\_\_\_

Job title \_\_\_\_\_

Specimen signature

Add

Remove

Please tick if individual is a member of your company's board of directors

Nationality \_\_\_\_\_  
Country of residence \_\_\_\_\_

**Data privacy notice**

The personal information requested in this form is collected and used by Zurich International Life Limited (Zurich) 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](http://www.zurichinternational.com/im/legal/privacy).

**Declaration**

- I/We declare that the information given in this form is true and accurate.
- I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided Zurich with information about an individual, I/we have obtained the individual's consent to the processing of their personal information.

By signing this form I/we agree to hold harmless Zurich from and against all liabilities arising from accepting instructions from each authorized signatory to the Policy.

On behalf of the Policyholder I/we the undersigned confirm my/our full power and authority to mandate Zurich to accept instructions from each authorized signatory mandated by this form. Each authorized signatory shall be empowered to approve, sign and execute all Policy documentation from the date of each authorized signatories appointment until Zurich is notified of their removal.

Name \_\_\_\_\_ (print)  
Signature

Name \_\_\_\_\_ (print)  
Signature

Job title \_\_\_\_\_

Job title \_\_\_\_\_

Date

Date

Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) 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 020126C.

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