

# Authorised signatory mandate form

**To Zurich International Life Limited (Zurich)**

**Company/Plan Name**

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**Plan Number**

(the **Plan**)

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## 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](mailto: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](http://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)

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Signature

Designation

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Date D D M M Y Y Y Y

Name (print)

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Signature

Designation

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Date D D M M Y Y Y Y

## 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)

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	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 (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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