



POWER OF ATTORNEY

Power of attorney concerning my insurances at If

As an insurance company we are subject to several legal requirements, e.g. we are only allowed to inform you – and not a third party – about your insurances and your claims. This ensures that no one can make a wrongful use of your name and social security number, if they should contact us without your consent.

If you wish to grant another person access to your insurances and your claims, you must fill out this power of attorney.

The principal	
The principal's name:	
The principal's social security number:	The principal's email address:

The proxyholder	
The proxyholder's full name:	
The proxyholder's social security number:	The proxyholder's email address:

Terms of use	
The power of attorney includes:	What is the proxyholder entitled to?
The expiry of the power of attorney:	
If you have chosen that the power of attorney only applies to a certain policy or a concrete case, please state the number(s) of the insurance policy and/or the concrete case, which the power of attorney concerns:	

As principal, I hereby, with this request for issuing a power of attorney to a third party, confirm that If, which is in the possession of this power of attorney, must act in accordance with the above mentioned. Unless an earlier expiry date has been chosen, the power of attorney is valid for a maximum of 3 years from the time the power of attorney has been issued. Hereafter, the principal must renew the power of attorney, if the power of attorney shall continue to be in force. The principal is at any given time entitled to revoke the power of attorney. The revocation has effect from that point of time, where If is informed of the revocation.

Date

The proxyholder's signature