

# DELEGATED AUTHORITY:



(Company)

We hereby appoint the following person to be authorised to instruct, access/update and/or sign on behalf of the company listed above:

Full Name

Email

Signature

Effective from date

DD/MM/YYYY

## Authority to act on behalf of the Company for specific tasks:

Tick applicable administrative tasks below in which the delegate has authority for:

- Updating contact details for company
- Updating bank account details for company
- Instructing future policy/client transfers
- Instructing agency inactivation's (representative or other)
- Receive notifications regarding onboarding applications
- Access/Receipt client reporting
- Access/Receipt renewal reporting

## Authority to access policy information on behalf of the Company:

Tick applicable tasks below in which the delegate has authority for:

- Accessing/updating information in Xplan
- Accessing/updating information in SovLink/Insight
- Accessing commission statements in Insight

Principal

Principal Sovlink/Insight Username:

### Access to view:

- All policies associated with the Company
- All policies associated to the named Principal
- Specific agency numbers:

Agency numbers

Delegated Authority SovLink Account Name(s):

(The same username will be used for Insight where applicable)

## Authority to sign documents on behalf of the Company:

Tick applicable tasks below in which the delegate has authority for:

- Signing commission split forms
- Signing Portfolio Transfer documentation (including Sale and Purchase documents)
- Signing any Xplan Software Licence and Services Agreement

### Please note:

By authorising the above named person to sign documentation on behalf of the Company, each named person will be able to bind the Company acting alone by signing the above mentioned documents. AIA will not seek a further approval from another director and/or authorised person.

## Revocation of Authority

We hereby revoke the following person(s) as having any authority regarding the above:

Full Name

Full Name

## Declaration and Signatures

I/We confirm that I/we are authorised to make the above delegation in accordance with the Company's constitution (if any) and/or its delegated authority policies and procedures.

Signed by:

as director of the Company:

Signature

DD/MM/YYYY

Date

as director of the Company:

DD/MM/YYYY

