

Authorised Signatories

Scheme Name:			
Scheme Name: Policy Number: This form shall be used in conjunction with the Proposal Form and shall include the name and signature of each individual who may complete/sign forms and give instruction regarding this Scheme in the future. Print Name: Signature: Position: Print Name: Position: Print Name: Position: Print Name: Position: Position: Print Name: Position: Position: Print Name: Print Name: Position: Print Name: P			
$signature\ of\ each\ individual\ who\ may\ complete/sign\ forms\ and\ give\ instruction\ regarding\ this\ Scheme$			
Print Name:	Signature:	Position:	
I hereby declare that the Policyholder.	e above named persons are autho	rised signatories on behalf of the	
I confirm that the above Management Limited. (•	those already provided to Risk Assurance	
Policyholder. <u>As pa</u>	rt of our verification procedure we	dividual authorised to sign on behalf of the must be able to authenticate the signature he signatories we hold on file please contains.	
I agree that a copy of thi	is signed document will be legally	valid.	
Print Name:	Signature:	Position:	
Date:			
Authorised Signatories Form (SF1) 0-	4.2024		

Risk Assurance Management Limited. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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