Authorised Signatories

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:	**Signature:**	**Position:**
…….	…….	……
Print Name:	**Signature:**	**Position:**
…….	…….	……
Print Name:	**Signature:**	**Position:**
…….	…….	……

I hereby declare that the above named persons are authorised signatories on behalf of the Policyholder.

I confirm that the above details are in addition to/replace* those already provided to Risk Assurance Management Limited. **(*delete as appropriate)**

NB: This form must be signed and dated below by an individual authorised to sign on behalf of the Policyholder. As part of our verification procedure we must be able to authenticate the signature against a specimen held on file. If you are unsure of the signatories we hold on file please contact us.

I agree that a copy of this signed document will be legally valid.

Print Name:	**Signature:**	**Position:**
…….	…….	……

Date: ……

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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