



Power of attorney for contract information

Scope of application

- Personal insurance Property and asset insurance
- Pension policies (3a/3b)
- Daily sickness benefits / accident insurance
- Occupational benefits
- Business insurance of all kinds

Insured person

A copy of an official identity document **must** be enclosed for identification purposes.

Company	<input type="text"/>
First name, surname	<input type="text"/>
Street, no.	<input type="text"/>
Postcode, city	<input type="text"/>

- Yes, I would like my insurance policy to be delivered to the authorized person.

Authorized person and company

Company	<input type="text"/>
First name, surname	<input type="text"/>
Street, no.	<input type="text"/>
Postcode, city	<input type="text"/>
Telephone number	<input type="text"/>
E-Mail	<input type="text"/>

I authorize the person named above to obtain the following information in insurance matters:

- Information on all existing policies and all related information.

This power of attorney is valid from the date of signature until revoked in writing. I hereby unconditionally release the following companies and all responsible employees from their professional secrecy and their legal duty of confidentiality towards the authorized person within the scope of this power of attorney.

Place and date

Signature of the insured person or legal representative

Place and date

Signature of authorised person