

Section A—Instructions

The information collected in this resolution allows UV Insurance to:

- ▶ obtain a sample signature of the authorized person(s);
- ▶ identify who can sign on behalf of the company;
- ▶ obtain a copy of the company document that constitutes proof of authorization to sign.

This resolution must be completed by any company (of any type) when applying for an individual annuity, GIC or life insurance contract. It may also be completed when the company changes its authorized signatory(ies) or to renew the resolution upon expiry of the two-year term (maximum duration of this resolution).

Section B—Nature of the Request

1. Full company name _____
2. Contract or application # _____
3. This contract or application # applies to:
 Individual life insurance Investment Other _____
4. First name of the insured or of the annuitant concerned _____ Last name _____

Section C—Authorized Person(s)

If multiple signatures are required to bind the company to this application, please indicate this by completing more than one box. The authorized person(s) whose names, titles and signatures appear below are authorized to sign, for and on behalf of the company, any document pertaining to the above-mentioned contract or application number.

Upon a motion duly adopted unanimously, it is decided that the person(s) named below, acting for and on behalf of the Company, are hereby authorized by the Company for the purposes mentioned above.

Authorized Person

First name _____ Last name _____
 Title _____
X _____
 Signature

Authorized Person

First name _____ Last name _____
 Title _____
X _____
 Signature

Authorized Person

First name _____ Last name _____
 Title _____
X _____
 Signature

Section C—Authorized Person(s) (Cont.)

Authorized Person

First name _____ Last name _____

Title _____

X _____
Signature

Authorized Person

First name _____ Last name _____

Title _____

X _____
Signature

Section D—Consent and Signature

We hereby authorize UV Insurance to collect the information mentioned in this form for the sole purpose of this application.

Furthermore, we authorize UV Insurance to recognize the authorized persons mentioned in section C as signatories of any document pertaining to the contract or application number mentioned in section B.

Finally, we acknowledge and agree that this resolution shall remain valid for a period of two (2) years. Therefore, a new resolution must be submitted to UV Insurance for any claims made after the end of this period. Moreover, if there is any change or if the personal information provided in this request is found to be inaccurate or incomplete, a new resolution must be submitted to UV Insurance.

We, the undersigned, hereby certify that we are the sole and exclusive administrators of the company and that the foregoing resolution has the same force and effect as if it had been adopted at a duly convened meeting of the company's board of directors. We confirm that this resolution is effective as of today and remains unchanged.

Signed at _____ Date | | | | | | | | | |

X _____
Signature of the administrator

X _____
Signature of the administrator

X _____
Signature of the administrator

X _____
Signature of the administrator

X _____
Signature of the administrator

X _____
Signature of the administrator

