

Certificate of Incumbency

Applicant name	Policy/Account number(s) (If available)
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I, the undersigned as a representative of _____ (the "Organization"), hereby certify that:

- 1) Each of the persons named below holds, as of the date hereof, the office set out under his/her respective name
- 2) The signature set opposite his/her name is the proper signature of that person
- 3) Any one such person individually, or two such persons signing together is/are authorized to sign on behalf of the Organization any document relating to the above policy/account number held with or by ivari.

Name (first and last names)	
Title	Signature

Name (first and last names)	
Title	Signature

Name (first and last names)	
Title	Signature

Name (first and last names)	
Title	Signature

Name (first and last names)	
Title	Signature

ivari may rely on this Certificate until advised in writing to the contrary.

Organization's representative signature	Date (DD/MM/YYYY)
Name (first and last names)	Title

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