Register of authorised signatures

	Please use this form	n to let us know if you want to authorise additional individuals to give us instructions in relation to your policy(ies).
1.	Scheme Policy number(s)	
2.	our policy(ies). I und	individuals whose signatures appear in Section 3 are authorised to provide Legal & General instructions in relation to derstand that Legal & General may use this information to validate requests such as checking claims and confirming or payments made under our policy(ies).
		t of an authorised signatory is given to and may be relied upon by Legal & General.
		discharges and indemnifies Legal & General from all liabilities arising from the authorisation.
	Full name	Signature
		Signature X
	Position	
_		
3.	Please can each ne	w additional signatory provide the following:
	Full name	Signature
	Date	(DD/MM/YYYY)
	Full name	Signature
	Date	(DD/MM/YYYY)
	Full name	Signature
	Date	(DD/MM/YYYY)
	Full name	Signature
	Date	(DD/MM/YYYY)
	Full name	Signature
	Date	(DD/MM/YYYY)
	Full name	Signature
	Date	(DD/MM/YYYY)

Notes

- Where the policyholder is a limited company listed on Companies House, we would expect for this form to be signed by one of the company's directors or the company secretary.
- Where the policyholder is a partnership or sole proprietor, we would expect this form to be signed by a partner or the proprietor.
- For other types of entities, the signatories should be determined from their constitution.
- The person who signs this form on behalf of the policyholder should not be one of the individuals named as an authorised signatory in Section 3.

