

AUTHORIZED SIGNATURES

Full Name of Company

Full Address for Agent Licensing Correspondence

wishes to advise you that the following representatives of this company are authorized to sign recommendations for the appointments of agents in the Province of Manitoba:

| NAME & TITLE | SPECIMEN SIGNATURE | ADDRESS IN FULL IF DIFFERENT FROM ABOVE |
|-------------------------|---------------------------|--|
|-------------------------|---------------------------|--|

Date

Signature of Company Official

*** Mail to: Superintendent of Insurance, 207-400 St. Mary Avenue, Winnipeg, Manitoba, Canada R3C 4K5**

MG-3486 (REV. 2004)