

POWER OF ATTORNEY

I, _____, the undersigned, member no. _____
 hereby confer authority to:

Full Name	Date of Birth	Full Home Address	Phone Number / Email address	Signature
_____ _____ _____	_____	_____ _____ _____	_____ _____ _____	_____
_____ _____ _____	_____	_____ _____ _____	_____ _____ _____	_____
_____ _____ _____	_____	_____ _____ _____	_____ _____ _____	_____
_____ _____ _____	_____	_____ _____ _____	_____ _____ _____	_____

I hereby authorize the agent(s) to freely operate my account (s) to make deposits and/or withdrawals, to give instructions for payments and transfers as well as instructions for the closing of the account(s) and resignation. I acknowledge that the agent(s) is/are not entitled to request a loan from La Mutuelle.

I note that this power of attorney may not be re-delegated to third parties, is valid until a revocation has been received by La Mutuelle from me, and that it will expire by right on my death.

All operations carried out by the agent until such time as La Mutuelle is informed of my death shall remain valid and shall be the legal responsibility of the heirs, legatees and beneficiaries.

I certify the authenticity of the above signature(s) and the validity of the power conferred to the agent(s).

A power of attorney neither duly filled and signed nor accompanied by a readable and valid copy of identity card/passport of any agent will be considered as null and void.

Place and date : _____ Signature : _____