beneva

Resolution of the board of directors

1- Company's information

Full corporate name

2- Authorized persons' information

Please complete A or B:

A) It is hereby resolved that I, the undersigned, _____ , **President and sole shareholder** of the abovementioned company, am the sole person authorized to sign applications, requests or any other documents whatsoever concerning an insurance contract issued by or to be issued by **Beneva inc.**

B) It is hereby resolved that the following are the sole persons authorized by the above-mentioned company to sign applications, requests or any other documents whatsoever concerning an insurance contract issued by or to be issued by **Beneva inc.**

Name	Title	X Signature
Name	Title	X Signature
Name	Title	X Signature
Name	Title	X Signature

Check a single box: ☐ The signature of only one of these persons is required.

☐ The signatures of all of these persons are required.

3- Signature of the corporate secretary or president of the company (mandatory)

I, the undersigned, _____ ☐ Corporate Secretary, ☐ President or ☐ President and Corporate Secretary of the company, hereby certify that this is a true copy of the resolution adopted by the Board of Directors of the Company on _____ 20____ and that this resolution is in full force and effect.

Name	Title	X Signature

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at beneva.ca.

Note: This form was provided to you as a courtesy. It may not be appropriate for all situations.

Beneva inc.
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9