

## Resolution for Signing Authority

Legal name of the Corporation: \_\_\_\_\_

Legal name of the Corporation (hereinafter referred to as the "Corporation")

BE IT RESOLVED THAT:

- ☐ I, the undersigned, \_\_\_\_\_, **President and sole shareholder** of the above-mentioned Corporation, am the sole person authorized to sign any application, instructions form, or document of any nature whatsoever related to any present or future individual life insurance contract, or annuity contract applicable to a non-registered savings plan underwritten by **Beneva Inc.**

Please select one  
of the two options

OR

- ☐ The following are the sole persons authorized by the above-mentioned Corporation to sign any application, instructions form, or document of any nature whatsoever related to any present or future individual life insurance contract, or annuity contract applicable to a non-registered savings plan underwritten by **Beneva Inc.**

Full name

Title

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ The signature of only one of these persons is required.

OR

- ☐ The signatures of all of these persons are required.

**CORPORATE SECRETARY'S OR PRESIDENT'S SIGNATURE** (mandatory)

I, the undersigned, \_\_\_\_\_, ☐ Corporate Secretary, ☐ President or ☐ Corporate Secretary and President of the Corporation hereby certify that the above is a true and exact copy of the resolution adopted by the Board of Directors on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and that the resolution is in full force and effect.

✕

Signature