



Ma tegyük a holnapért!

GENERAL AUTHORIZATION

Aegon Magyarország Általános Biztosító Zrt.
Üllői út 1., H-1091 Budapest, Hungary

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It is stipulated by law that only the policyholder, the insured, the claimant or the party entitled for benefits are allowed to make direct administrative arrangements. In the event that you as a policyholder wish to assign another person (proxy) to make administrative arrangements, please fill in and sign this authorization form and return it by mail to the following address: **H-9401 Sopron Pf. 22**, or by e-mail to **ugyfelszolgalat@aegon.hu**. In case of a household insurance policy, the authorizing party may be the common representative, and in case of a legal entity, the party authorized to sign. In these two cases, a copy of the common representative's assignment or a copy of the specimen signature, respectively, are also required to be enclosed. Thank you for your cooperation!

Policyholder / Authorizing party

Name of the undersigned:

Mother's name: Date of birth: day month year

Domicile:

Proxy

Name of the undersigned:

Mother's name: Date of birth: day month year

Domicile:

Policy number of the insurance concerned*: * Separate authorizations are required for each insurance policy.

In the event that the authorizing party does not specify a policy number, then the authorization shall apply to all policies in effect at the time of dispatch by the proxy.

I hereby consent to the fact that the proxy act in connection with my insurance policy specified, based on my instructions below.

The authorization shall only be applicable to the cases below if they are specifically indicated. *Please cross the appropriate box.*

The proxy is	entitled	not entitled	In case of a life insurance policy, the proxy is	entitled	not entitled
to waive a benefit	<input type="checkbox"/>	<input type="checkbox"/>	to modify the identity of the policyholder / insured	<input type="checkbox"/>	<input type="checkbox"/>
to reach a compromise on a benefit	<input type="checkbox"/>	<input type="checkbox"/>	to change the identity of the beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
to receive the amount due for me	<input type="checkbox"/>	<input type="checkbox"/>	to specify the policy term and to modify the policy duration	<input type="checkbox"/>	<input type="checkbox"/>
to change my domicile / mailing address	<input type="checkbox"/>	<input type="checkbox"/>	to request partial and total surrender, and/or scheduled maturity benefit	<input type="checkbox"/>	<input type="checkbox"/>
to terminate the policy	<input type="checkbox"/>	<input type="checkbox"/>	to take out a policy loan	<input type="checkbox"/>	<input type="checkbox"/>
			to waive policy premiums	<input type="checkbox"/>	<input type="checkbox"/>
			to modify investment asset funds	<input type="checkbox"/>	<input type="checkbox"/>
			to supply a consent to data management	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above is indicated, it shall be deemed that no authorization is intended to be given therefor. In such a case, the proxy may only make inquiries and administrative arrangements.

Dated in: , day month year

Signature of authorizing party

Signature of proxy

Before us as witnesses:

Witness No. 1

Name:

Domicile:

Date of birth:

Signature:

Witness No. 2

Name:

Domicile:

Date of birth:

Signature: