

Grant of a power of attorney to handle the change of insurer to Aquilana as of

I/we authorise Aquilana to process and perform the administrative tasks, in particular giving notice to the previous healthcare insurer, for the transfer to Aquilana as of . This power of attorney remains valid until it has been cancelled by the person(s) who grant(s) the power of attorney:

1. Personal particulars and address of the insured person (Policyholder)

Title Mrs Mr

Surname

First name

Street, No.

Post code, place

Date of birth

Gender

F M

ABB personnel No.

The authorisation given above for the change of **insurer**, in particular to **terminate the insurance policies** as of , and the grant of a power of attorney likewise apply to the persons named below.

2. Personal particulars of partner, family members (in same household)

Surname

First name

Date of birth

Termination of insurance

Basic insurance KVG
Supplementary insurance VVG

Place, date

Signature of policyholder

Signature of all adult persons