



**CERTIFIED COPY
RESOLUTION OF THE BOARD OF DIRECTORS**

POLICY #: _____ LIFE(VES) INSURED: _____

RESOLUTION BOARD OF DIRECTORS

Company name : _____
Full corporate name

Please indicate the Federal and Quebec Business Number (NEQ) :

Federal : _____ Quebec : _____

It is hereby resolved:

That the board of directors of the above-mentioned company authorize the following people to sign for and on behalf of the Company all application or other document of any nature whatsoever related to the insurance contract on the above-mentioned insured(s) with UL Mutual.

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only one of these signatures is required.

All of these signatures are required

SIGNATURE OF THE CORPORATE SECRETARY OR PRESIDENT

I, the undersigned, _____, Corporate secretary, President, President-Corporate secretary hereby certify that the above has been duly adopted by the board of directors of the company on _____ 20_____ and that this resolution is in full force and effect.

Name	Title	Signature
_____	_____	_____

RESERVED FOR HEAD OFFICE

Registered at UL Mutual

The _____ of _____ 20 _____ by _____