## **Power of Attorney Declaration**

In relati	ion to the Sureplan Friendly Society Ltd Funeral Fund in the name of
	I declare that;
a)	I am validly appointed as the donor's attorney in accordance with all applicable laws;
b)	I have the power to or hold all authorisations necessary or desirable to enable me to execute this application form on behalf of the donor;
c)	The terms and conditions contained in the product disclosure statement are binding and enforceable against the donor upon me executing this application form;
d)	My appointment under the power of attorney has not been revoked or withdrawn;
e)	I am not aware of any fact or circumstance that might affect my authority to execute this application form under the power of attorney.
Please note: Sureplan also requires a certified copy of the relevant Power of Attorney. If you have not already provided a copy please forward with the Power of Attorney Declaration.	
Date: .	//
Full Nar	me of Attorney:
Signatu	re of Attorney: