

### Filling in this form

- Complete this form to authorize employee access to online client information and/or commission and override statements.
- Submit the signed and completed Authorization form and send it to
  - Contracting@standardlife.ca
  - Western.contracting@standardlife.ca
  - Central.contracting@standardlife.ca
- Please note that should the list change, it is your responsibility to inform Standard Life.

**7204**



**Important:** Standard Life should be notified immediately when an employee leaves your employ so that we can remove the individual's access.

I authorize the following individual(s) to have access to our online Client Information and/or commission and override statements through Standard Life's protected web site:

Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission
Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission
Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission
Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission
Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission
Title	First name	Last name
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Client Info <input type="checkbox"/> eCommission

### Signature of authorized agents

GA/National Acct. Name:	AGA Name:
Signature:	Signature:
Title (please print):	Title (please print):