

Ilmarinen, P.O. Box 2, FI-00018 ILMARINEN

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|---|---------------------------|
| Principal's information (Self-employed person's information) | YEL insurance number* |
| | Identity number* |
| | First name and last name* |
| | Telephone* |
| Agent's information | Company |
| | Identity number* |
| | First name and last name* |
| | Telephone* |

*) Required field

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| Power of attorney | <p>This mandate allows the assignee, on behalf of the assignor, to view and manage YEL insurance information, the validity of the Agreement, information related to earned income, the status of the payments, and to update payment and contact information, including the account number.</p> <p>Authorisation does not apply to Ilmarinen's online services.</p> <p>The power of attorney is in force for the time being. If the power of attorney ends, Ilmarinen's customer service must be notified immediately at tel. +358 10 195 083 (mobile call charge or local network charge).</p> |
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|---------------------------------------|------|
| Signature of the self-employed person | Date |
| | |

Sign the power of attorney and return it to us as a secure message electronically. Send the message at ilmarinen.fi/en/contact-us/secure-message/. Select TyEL or YEL insuring as the topic of the message, enter the requested information and add the power of attorney as an attachment. You can also return the power of attorney by post to the address Ilmarinen Mutual Pension Insurance Company, PL 2, 00018 Ilmarinen.