

## Authorization Letter for Treaty Annuity Payment

Date: \_\_\_\_\_

This is to certify that I \_\_\_\_\_ (Applicant's Name)  
Authorize \_\_\_\_\_ (Relative/Friend's Name), whose  
signatures are verified below, to **COLLECT** my Treaty Annuity Payment on my  
behalf.

Fill in the following details

**Signature of APPLICANT:** \_\_\_\_\_

**Signature of INDIVIDUAL picking up:** \_\_\_\_\_

Please note that the authorized individual picking up the Treaty Annuity Payment must bring Identity Proof for verification purposes. Treaty Annuity payments will **NOT** be handed over without original Identity proof.

