

Letter of attorney incl. authorization to participate in the active365 bonus program (Payout of activePoints)

1 Minor person (over 16 years old) (Participant active365)

Mrs Mr

Name First name Street, N°

PC, Location N° insured person Date of birth

2 Legal representative

Mrs Mr Mr and Mrs

Name First name Street, N°

PC, Location Date of birth Phone

Email

I/we hereby authorize the above-named minor to participate in the active365 App bonus program (payment of collected activePoints in accordance with the terms of use) and expressly grant my/our permission to do so. The declaration of authorization is valid from the date of signature until revoked in writing.

Signature

Place Date Signature legal representative