ILMARINEN

Power of Attorney for the management of pension and rehabilitation matters

Ilmarinen, P.O.Box 1, FI-00018 ILMARINEN

Authoriser's details Pensioner's / rehabilitee's details	Personal identity code*
	First name and surname*
	Phone number*
Authorised person's details	Personal identity code*
	First name and surname*
	Phone number*

*) Required field

Authorisation	I authorise the above-mentioned person to manage my pension and rehabilitation matters at Ilmarinen. Further information on the matters covered by the authorisation: Authorisation is valid until further notice. If the authorisation expires, Ilmarinen must be notified immediately.

Pensioner's / rehabilitee's signature	Date
	Signature

You can submit the signed Power of Attorney through the MyPension service by selecting Lähetä viesti (i.e. Send a Message).

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