

POWER OF ATTORNEY

For the meeting of the Kone Employees' Benefit Fund for Operatives

I,

\_\_\_\_\_

*(my full name and date of birth clearly indicated)*

hereby authorize

\_\_\_\_\_

*(name and date of birth of the authorized person clearly indicated)*

to exercise my voting rights at the meeting of the Kone Employees' Benefit Fund for Staff,

to be held on \_\_, \_\_ 20\_\_.

The authorized person is entitled to exercise all rights belonging to me and to make decisions on my behalf at the aforementioned meeting.

This power of attorney is valid only for the duration of the above-mentioned meeting.

**Please note:**

Each insured person has one vote at the meeting. An insured person may exercise their voting rights personally or through an authorized representative. One authorized representative may represent a maximum of two (2) insured persons.

Signature of the Principal

Place and date:

On the \_\_\_\_ day of \_\_\_\_, 20\_\_

\_\_\_\_\_

Signature of the Principal