

Limited Power of Attorney

INSTRUCTIONS: Use this form to authorize the Michigan Department of Insurance and Financial Services to communicate with a named individual or entity acting on your behalf. If you choose (see Part 4), such communications will include the disclosure of confidential information related to your license application.

PART 1: APPLICANT INFORMATION		
Applicant's Name (Required)	Applicant's Mailing Address (Required)	
Applicant's E-mail Address (Required)	Daytime Telephone Number (Required)	Fax Number
PART 2: REVOCATION OF AUTHORITY		
To revoke the authority of your current representative, check the applicable box in this section. Check only ONE box.		
<input type="checkbox"/> I revoke all prior authorizations and will represent myself in all licensing-related matters with DIFS.		
<input type="checkbox"/> I revoke all prior authorizations and appoint a new representative (as designated in Part 3).		
PART 3: REPRESENTATIVE APPOINTMENT		
Your representative may be an entity or an individual. If you designate an entity you must also provide an individual as a contact. If no start date is indicated, the authorization will be effective as of the date this form is signed. If no expiration date is indicated, the authorization will remain effective until revoked. Revocation may be accomplished only by completing and submitting another copy of this form.		
Authorized Representative's Name and Address (Required)	Contact Name (Required if an entity is named)	
	Telephone Number (Required)	Fax Number
	Authorization Start Date (mm/dd/yyyy)	Authorization Expiration Date (mm/dd/yyyy)
	Authorized Representative's E-mail Address (Required)	
PART 4: TYPE OF AUTHORITY		
By checking a box or boxes, you authorize your representative to act in that capacity. This section is required.		
<input type="checkbox"/> 1. Receive and inspect confidential information (upon request only). To have your representative receive copies of all future written communications from DIFS, you must also complete Part 5.		
<input type="checkbox"/> 2. Communicate via telephone with DIFS regarding this license application.		
<input type="checkbox"/> 3. Compile and submit licensing application materials.		
<input type="checkbox"/> 4. All of the above.		
PART 5: REQUEST COPIES OF WRITTEN COMMUNICATIONS REGARDING A LICENSING APPLICATION		
<input type="checkbox"/> By checking this box, you are directing DIFS to send a copy of all future written communications involving your licensing application to the person noted in Part 3.		
PART 6: APPLICANT AUTHORIZATION		
<i>By signing this form, I authorize DIFS to communicate with my representative consistent with the authority granted herein.</i>		
Signature (Required)	Printed Name (Required)	Date (Required)
DIFS' USE ONLY		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Reviewer's Name	Director's Designee



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
 Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Purpose

Use the *Limited Power of Attorney* (FIS 2312) to authorize the Michigan Department of Insurance and Financial Services (DIFS) to communicate with a named individual or entity acting on your behalf. This form may also be used to revoke your representative's authority or to designate a representative to receive confidential information regarding a licensing application.

Required information. If a box includes the word "Required," you must provide the information. If a box does not contain the required information, the form is invalid and you will be notified by letter.

Part 2: Revoking the authority of a representative.

Complete Part 2 only if you want to revoke your representative's authority or all prior authorizations. After you revoke your representative's authority, you may represent yourself, or you may appoint a new representative.

Part 3: Appointing an entity as your representative.

If you appoint an entity as your representative, then any individual within that entity is authorized to act on your behalf. For example, if you appoint the XYZ Company as your representative, any employee of that firm is authorized to act on your behalf. The "Contact Name" is only to ensure that information sent to the entity is directed to the individual overseeing your representation. The contact name is NOT your sole authorized representative. To appoint an entity, write in the Name and Address box (for example):

XYZ Company
1234 Street
City, State, ZIP Code

Appointing an individual as your representative.

If you appoint a specific individual as your representative, then only that individual is authorized to act on your behalf. DIFS will only discuss with or disclose information to that individual. For example, if a specific attorney at the XYZ Company is named as your representative, DIFS will not discuss with or disclose information to any other attorney or paralegal at the same firm. To appoint an individual, write in the Name and Address box (for example):

Representative Name
XYZ Company
1234 Street
City, State, ZIP Code

Part 4: Type of authority: General or limited.

The actions that your representative may take will depend on the boxes that you check in Part 4. Confidential information (box 1) will only be provided upon request; DIFS will not automatically send confidential information to your representative. If you check box 4 in Part 4, you are granting your representative general authority to act on your behalf regarding any licensing application materials. However, granting your representative general authority does not give the representative the right to receive future written communications unless Part 5 is also completed.

Part 5: Requesting all future written communications related to any licensing applications.

If you complete Part 5, you authorize the person named in Part 3 to receive all future communications regarding your licensing application. Part 5 does not give a representative authority to act on your behalf. You must give your representative authority to act on your behalf by checking one or more boxes in Part 4 if you want your representative to do more than just receive future notices and letters. Only one representative can be authorized to receive future written communications under Part 5. DIFS will only send future written communications to the person identified on the most recent form. If you appoint an entity as your representative, future letters and notices will be sent to the attention of the first "Contact Name."

Mailing or Faxing Instructions

Send the completed, signed, form to:

General Mailing Address:

Department of Insurance and Financial Services
Attention: Insurance Licensing
P.O. Box 30220
Lansing, MI 48933

Fax: 517-284-8836

Overnight Delivery Address:

Department of Insurance and Financial Services
Attention: Insurance Licensing
530 W. Allegan Street, 7th Floor
Lansing, MI 48933

Telephone: 517-284-8800