**Delegation of Authority Form**

Kaman Corporation grants authority to certain individuals to approve and execute various contracts and other transactions, and allows them to delegate their authority to other qualified individuals within Kaman Corporation and/or one of its subsidiaries or affiliates (the “**Company**”). This form is required to add, change, or revoke a delegation of authority (including sub-delegations). Please use a separate form for each addition, change, or revocation. All delegations, changes, or revocations are made pursuant to the Company’s Signature Authorization and Delegation of Authority Policy and are subject thereto. Submit completed forms to the Kaman Legal Department at least two business days prior to the requested effective date.

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| **I. Delegator Information** | | |
| Request Type *(check one)*: | Add delegation (*complete Sections II and V only*).  Revoke delegation (*complete Sections III and V only*). Change delegation (*complete Sections IV and V only*). | |
| Delegator Name and Title: | | |
| Entity/Department/Business Unit: | | |
| Email: | | Telephone Number: |

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| **II. Add New Delegation** | | | |
| Delegatee Title (position to which delegation is made): | | Entity/Department/Business Unit: | |
| Name (person currently holding position): | | | |
| Effective Date of Delegation: | | Expiration Date of Delegation: | |
| **Delegated Powers and Authority**  (e.g., contract or transaction type) | **Subdelegations Allowed?**  (Yes/No) | | **Delegation Limitations**  (e.g., monetary limits, dual signatures, other approvals required) |
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| **III. Revoke Existing Delegation** | |
| Delegatee Title (position to which delegation was made): | Entity/Department/Business Unit: |
| Name (person currently holding position): | Effective Date of Revocation: |
| **Description of Delegation to Be Revoked:** | |

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|  | **IV. Change Scope of Existing Delegation** | |
| Delegatee Title (position to which delegation was made): | | Entity/Department/Business Unit: |
| Name (person currently holding position): | | Effective Date of Change: |
| **Existing Delegation** (description of delegation) | | **Change to Delegation** (description of change) |
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|  | **V. Signature[s]** | |
| Delegator Signature: | | Date: |

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| **For adding new delegations only:**  By signing below, I accept full responsibility for the delegation of authority granted herein and agree to comply with the limitations on such authority and the terms of the Company’s Signature Authorization and Delegation of  Authority Policy. Any misuse of delegated authority by me may result in disciplinary action. | |
| Delegatee Signature: | |
| Printed Name of Delegatee: | Date: |

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| **The CEO, CFO, COO or General Counsel (or any of their respective designees) must approve all new delegations and any changes to or revocations of existing delegations.]** | |
| CEO/CFO/COO/GC Approval Signature: | |
| Typed or Printed Name of Approver: | Date: |