

# Attorney-in-Fact Affidavit

**NOTE:** We require an original notarized **Attorney in Fact Affidavit**, executed within the previous 90 days, in order to honor any request submitted by the Attorney in Fact.

**Please remember:**

- **You must attach a copy of your Power of Attorney (POA) document the first time you submit this form.**

For questions or help with this form, call us at **877-253-2323**.

Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

## 1 Attorney-in-Fact and Contract Information (please print clearly)

Name of Attorney-in-Fact

Contract Number(s) if available

Owner

SSN/TIN

Co-Owner (if applicable)

SSN/TIN

Address of Attorney-in-Fact (if different than Contract Owner's Address)

Address

City

State

Zip Code

In case we need to contact you about this request

Daytime Phone

Please proceed to next page for signatures and notarization.



<sup>1</sup> Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC (“Group1001”).

## 2 Attorney-in-Fact Certification and Signature

The above named attorney-in-fact, being duly sworn, attests to the best of my knowledge and belief that the Power of Attorney document that is attached or has already been filed with the Company is currently in full force and effect, and that:

- I am the attorney-in-fact named in the attached Power of Attorney document. If I was named as the successor attorney-in-fact, the former attorney-in-fact is no longer able or willing to serve.
- If the Power of Attorney document is not durable, I am not aware of any pending petition to determine the incapacity of, or to appoint a guardian or other fiduciary for the contract owner.
- I understand that all contractual terms and conditions, and policies and procedures of the Company with respect to the contract will continue to apply.
- I agree not to exercise any powers granted to me by the attached Power of Attorney document if I know or have reason to know that it has been partially or completely revoked, terminated or suspended, or is no longer valid, due to any reason whatsoever, including, without limitation, death of the grantor or revocation by operation of law.
- I agree not to give instructions concerning the above-referenced contract that I know or believe are not authorized by or otherwise not in compliance with, or in violation of, the attached Power of Attorney document.
- I will promptly notify the Company if and when the attached Power of Attorney document is terminated or limited and the Company may rely on the Power of Attorney document as being in full force and effect until such time as the Company receives in good order, at its home office, notice of such termination or limitation.
- I fully indemnify and hold harmless the Company and its affiliates from any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) that the Company may incur as a result of its reliance on my continued authority.

Attorney-in-Fact Signature and Fiduciary Capacity

X

Date (mm/dd/yyyy)

Please Print Name Below

## 3 Notary Signature and Stamp

The attorney-in-fact named on the affidavit form has appeared before me, has been sworn, and has attested that the information contained in the affidavit is true.

Notary Signature

X

Date (mm/dd/yyyy)

Notary Seal

My Commission Expires: \_\_\_\_\_

## Contact Us

### By mail

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### By express mail

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### Online

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### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT