



**If the principal is currently disabled/incapacitated, do NOT use this form. A complete copy of the Power of Attorney document must be submitted instead.**

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## MI

[illegible]

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[illegible][illegible][illegible]

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$$\boxed{\phantom{00}} \boxed{\phantom{00}} \boxed{\phantom{00}} - \boxed{\phantom{00}} \boxed{\phantom{00}} = \boxed{\phantom{00}} \boxed{\phantom{00}} \boxed{\phantom{00}} \boxed{\phantom{00}}$$
[illegible]

☐ Durable Power of Attorney effective -- ☐ Springing Power of Attorney

MI

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**Section 3 (continued): Co-Attorney-in-Fact Information (if applicable)**

First Name of Attorney-in-Fact	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (PO Boxes are not allowed)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 4: Questions regarding the Power of Attorney document (the “document”) listed in Section 2 of this form. Please provide a response for EACH QUESTION.**

1. Does the document authorize the Attorney-in-Fact to make the following decisions regarding the Contract, Certificate, or Policy?
- |                                                                                                                               |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Purchase a new Contract, Certificate, or Policy .....                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Receive information .....                                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Withdraw monies and/or surrender .....                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Elect a death settlement option .....                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Change the address of record .....                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Elect or change the Electronic Transfer for withdrawal information .....                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Make allocation changes .....                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Activate rider benefits .....                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Designate and/or change the beneficiary .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Designate himself or herself as beneficiary .....                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Designate and/or change the owner .....                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Change the owner to himself or herself .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. All of the above, plus any other action that the Principal may take as Owner of the Contract, Certificate, or Policy ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
2. If the document appoints multiple Attorneys-in-Fact, may they act SEPARATELY? ..... ☐ Yes ☐ No
3. Is the Attorney-in-Fact an insurance agent or a person affiliated with an insurance agent? ..... ☐ Yes ☐ No



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## Section 5: Declaration of Principal

- I authorize the Company to provide information to and take direction from the Attorney(s)-in-Fact listed in Section 3. I understand that the Attorney(s)-in-Fact's authority will be recognized by the Company unless and until the Company receives written notice of my revocation of the Power of Attorney.
- I have had the opportunity to consult with my own independent legal advisors regarding the Power of Attorney and affirm that the laws, codes, and statutes of the state where it was executed do not prohibit the Attorney-in-Fact from exercising any of the powers reflected in Section 4 above.
- I agree to indemnify and hold harmless the Company and its agents, employees, and other representatives from any claim and/or liability that may arise from any action the Company takes at the Attorney(s)-in-Fact's direction.

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY SIGNATURE** STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned, \_\_\_\_\_ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

## Section 6: Declaration of Attorney(s)-in-Fact:

- I (we) declare under penalty of perjury that to the best of my(our) knowledge the principal had the capacity to execute the Power of Attorney, is not currently incapacitated or disabled, is alive, has not revoked the power of attorney; and that my(our) powers as attorney-in-fact are reflected accurately in Section 4 above.
- I (we) agree to indemnify and hold harmless the Company and its agents, employees, and other representatives from any claim and/or liability that may arise from any action the Company takes at my (our) direction.

Signature of Attorney-in-Fact \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY SIGNATURE** STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned, \_\_\_\_\_ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Signature of Co-Attorney-in-Fact \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY SIGNATURE** STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned, \_\_\_\_\_ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



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