



Member Companies:
Great American Life Insurance Company®
Annuity Investors Life Insurance Company®
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Administration for Life Insurance and Annuities:
American Retirement Life Insurance Company
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Continental General Insurance Company®
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Fixed and Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
Variable and Variable Indexed Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
Life Insurance: PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax

Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

POWER OF ATTORNEY CERTIFICATION

To be completed by the Attorney-in-Fact (the person using the POA to act for the Principal)

INFORMATION ABOUT THE PRINCIPAL

(the person for whom you are acting)

Principal's Name:	
Contract Number:	
Principal's Address:	
Principal's Social Security No.:	Principal's Daytime Phone: ()

INFORMATION ABOUT YOU AS ATTORNEY-IN-FACT

(the person using the Power of Attorney to act for the Principal)

Your Name:	
Your Relationship to Principal:	
Your Address:	
Your Social Security No.:	Your Daytime Phone: ()

I have provided a true and correct copy of a Power of Attorney from the Principal to me. That document is dated:

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(insert the date that the Principal signed the POA)

ANSWER YES OR NO: Has a court appointed a guardian or conservator for the Principal? ☐ Yes ☐ No (if yes, documentation will be required)
Are guardian or conservator proceedings for the Principal pending? ☐ Yes ☐ No

MUST CHECK ONE:

- ☐ I am using the Power of Attorney even though the Principal could, now or in the future, legally act for him/herself.
☐ I am using the Power of Attorney because the Principal is physically disabled and cannot act for him/herself.
☐ I am using the Power of Attorney because the Principal is mentally incompetent and cannot act for him/herself.

Being duly cautioned and sworn, I state under penalties of perjury or false swearing under the law of my state of residence that the information set out above and all of the following are true and correct to the best of my knowledge and belief:

- The Power of Attorney is valid under the law of the Principal's state of residence.
- I am acting within the scope of my authority under the Power of Attorney.
- All the conditions required for the Power of Attorney to me to be effective have been satisfied.
- The Principal is alive, and the Power of Attorney has **not** been suspended, revoked, or terminated.
- If I am the Principal's current or former spouse, civil union partner, or domestic partner, no action has ever been filed for legal separation or for divorce or other termination of our marriage, union, or partnership.

I understand that I cannot use the Power of Attorney after the Principal dies, or after the Power of Attorney is suspended, revoked, or terminated. I understand that termination may occur automatically on the appointment of a guardian or conservator or on filing to terminate a marriage, civil union, or domestic partnership. **I agree to notify the appropriate Great American Insurance Group ("GAIG") company promptly if the Principal dies or if the Power of Attorney is suspended or revoked, or terminates.** I agree to renew this Certification from time to time on request.

I am completing this Certification to induce a GAIG company to rely on the Power of Attorney. I agree to indemnify and hold harmless that GAIG company against any and all claims or demands which may be made by reason of such reliance.

Your Signature

STATE OF _____)
COUNTY OF _____)

SS:

Sworn to and subscribed before me, this _____ day of _____, 20____, by the Attorney-in-Fact identified above.

My Commission expires: _____
MM/DD/YYYY

Notary Public

[SEAL]