



## \*0-2876\*

## **Certification of Power of Attorney**

Please complete this form using information from the Power of Attorney document. North American<sup>®</sup> Life Insurance Company (the "Company") will rely on the information provided. The Company reserves the right to request and receive a complete copy of the Power of Attorney document if it determines that it is necessary to do so.

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.				
Policy/Certificate Number				
Section 1: Power of Attorney for: First Name  MI Last Name				
Street Address (DO Beyon or not allowed)				
Street Address (PO Boxes are not allowed)				
City State Zip Code				
Date of Birth Social Security Number				
Section 2: Power of Attorney Information  Full Name of Power of Attorney Document  Section 2: Power of Attorney Document  Effective Date  Section 2: Power of Attorney Document  Effective Date  Springing Power of Attorney				
A springing power of attorney becomes effective upon incapacity of the principal.  Section 3: Attorney-in-Fact Information  First Name of Attorney-in-Fact				
Street Address (PO Boxes are not allowed)				
City State Zip Code				
Date of Birth Social Security Number				

(Section 3 continued on page 2)

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Section 3 (continued): Co-Attorney-in-Fact Information (if applicable)				
First Name of Attorney-in-Fact MI Last Name				
Street Address (PO Boxes are not allowed)				
City State Zip Code				
Date of Birth Social Security Number				
Section 4: Questions regarding the Power of Attorney document (the "document") listed in Section	on 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?				
	□No			
b. Receive information	□No			
c. Withdraw monies and/or surrender				
d. Elect a death settlement option				
e. Change the address of record				
f. Elect or change the Electronic Transfer for withdrawal information				
g. Make allocation changes				
h. Activate rider benefits	□No			
i. Designate and/or change the beneficiary	□No			
j. Designate himself or herself as beneficiary	□No			
k. Designate and/or change the owner	□No			
I. Change the owner to himself or herself				
m. All of the above, plus any other action that the Principal may take as Owner of the Contract, Certificate, or Policy				
2. If the document appoints multiple Attorneys-in-Fact, may they act SEPARATELY?	□No			
3. Is the Attorney-in-Fact an insurance agent or a person affiliated with an insurance agent?	□No			

## **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, the party who executed the foregoing document and acknowledged before me		sonally known to me and known to be	
Witness my hand and official seal in the County and State aforementioned this	s day of	20	
Notary Public	My Commission Exp	pires:	
Section 6: Declaration of Attorney(s)-in-Fact:  • I (we) declare under penalty of perjury that to the best of my(our) knowledge not currently incapacitated or disabled, is alive, has not revoked the power of accurately in Section 4 above.			
<ul> <li>I (we) agree to indemnify and hold harmless the Company and its agents, e may arise from any action the Company takes at my (our) direction.</li> </ul>	employees, and other representative	es from any claim and/or liability that	
Signature of Attorney-in-Fact	Date		
NOTARY SIGNATURE STATE OF	COUNTY OF		
Before me, the undersigned, the party who executed the foregoing document and acknowledged before me		sonally known to me and known to be	
Witness my hand and official seal in the County and State aforementioned this	s day of	20	
Notary Public	My Commission Exp	pires:	
Signature of Co-Attorney-in-Fact	Da	Date	
NOTARY SIGNATURE STATE OF	COUNTY OF		
Before me, the undersigned, the party who executed the foregoing document and acknowledged before me		sonally known to me and known to be	
Witness my hand and official seal in the County and State aforementioned this	s day of	20	
Notary Public	My Commission Expires:		