

# Certificate of Power of Attorney



P.O. Box 14432 • Des Moines, IA 50306-3432

**IMPORTANT: 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.**

Please complete this form using information from the Power of Attorney document. North American Company for Life and Health Insurance® (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.

Policy/Contract number	Policy/Contract number	Policy/Contract number
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## 1. Power of Attorney for

Name (first, middle initial, last)		Date of birth
Street address (PO boxes are not allowed)		Social Security number
City	State	ZIP

## 2. Power of Attorney information

Full name of Power of Attorney document (first, middle initial, last)	Effective date
Is the document:	
<input type="checkbox"/> Durable Power of Attorney effective _____	<input type="checkbox"/> Springing Power of Attorney
A springing power of attorney becomes effective upon incapacity of the principal.	

## 3. Attorney-in-Fact information

Name of Attorney-in-Fact (first, middle initial, last)		Date of birth
Street address (PO boxes are not allowed)		Social Security number
City	State	ZIP
		Phone number

## Co-Attorney-in-fact information (if applicable)

Name of Attorney-in-Fact (first, middle initial, last)		Date of birth
Street address (PO boxes are not allowed)		Social Security number
City	State	ZIP
		Phone number

**4. Questions regarding the Power of Attorney document (the "document") listed in section 2 of this form.  
Provide a response for EACH QUESTION.**

1. Does the document authorize the Attorney-in-Fact to make the following decisions regarding the Contract?
- a. Purchase a new Contract .....  Yes  No
  - b. Receive information .....  Yes  No
  - c. Withdraw monies and/or surrender
    - Request in writing .....  Yes  No
    - Request over the phone .....  Yes  No
  - d. Elect a death settlement option .....  Yes  No
  - e. Change the address of record .....  Yes  No
  - f. Elect or change the electronic transfer for withdrawal information .....  Yes  No
  - g. Make allocation changes .....  Yes  No
  - h. Activate rider benefits .....  Yes  No
  - i. Designate and/or change the beneficiary .....  Yes  No
  - j. Designate himself or herself as beneficiary .....  Yes  No
  - k. Designate and/or change the owner .....  Yes  No
  - l. Change the owner to himself or herself .....  Yes  No
  - m. All of the above, plus any other action that the Principal may take as Owner of the Contract .....  Yes  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, representative or a person affiliated with an insurance agent/representative? .....  Yes  No

**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.
- 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 \_\_\_\_\_

**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.
- 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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