

Certification of Power of Attorney



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.

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(s):

Section 1: Power of Attorney for:

First Name:	MI:	Last Name:
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Street Address (PO Boxes are not allowed):

City:	State:	Zip Code:
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Date of Birth (mm/dd/yyyy):	Social Security Number:
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Section 2: Power of Attorney Document Information

Full Name of Power of Attorney Document:	Effective Date (mm/dd/yyyy)
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Is this document:

Durable Power of Attorney Effective Date (mm/dd/yyyy) _____

Springing Power of Attorney - A springing power of attorney becomes effective upon incapacity of the principal. The supporting documentation of incapitation mentioned in the power of attorney document will be required for the attorney-in-fact to act on your behalf.

Section 3: Attorney-in-Fact Information

First Name of Attorney-in-Fact:	MI:	Last Name:
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Street Address (PO Boxes are not allowed):

City:	State:	Zip Code:
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Date of Birth (mm/dd/yyyy):	Social Security Number:
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Co-Attorney-in-Fact Information (if applicable)

First Name of Co-Attorney-in-Fact:	MI:	Last Name:
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Street Address (PO Boxes are not allowed):

City:	State:	Zip Code:
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Date of Birth (mm/dd/yyyy):	Social Security Number:
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O-2876

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 Yes No
- b. Receive information Yes No
- c. Withdraw monies and/or surrender 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, Certificate, or Policy Yes No

Please note, the Attorney-in-fact does not have authorization to register on the website or log into the website on the owner's behalf and request changes.

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

If yes, please provide relationship. _____

Section 5: Declaration of Principal

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

All Residents: I/We hereby acknowledge and understand that:

- 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: _____