

Certificate of Power of Attorney



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | **Email:** SecuritiesPi@sfgmembers.com

Instructions

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.

1. Power of attorney for

Name (first, middle initial, last)		Contract number	
Street address (P.O. Boxes are not allowed)			
City		State	ZIP
DOB (mm/dd/yyyy)		Social Security number	

2. Power of attorney information

Full name of power of attorney document	Effective date
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Is the document:

Durable power of attorney? If so, list effective date? _____ or 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)			
Street address (P.O. Boxes are not allowed)			
City		State	ZIP
DOB (mm/dd/yyyy)	Social Security number	Phone number	

4. Co-attorney-in-fact information (if applicable)

Name of attorney-in-fact (first, middle initial, last)			
Street address (P.O. Boxes are not allowed)			
City		State	ZIP
DOB (mm/dd/yyyy)	Social Security number	Phone number	



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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

5. Power of attorney document information

1. Does the document, listed in Section 2, authorize the Attorney-in-Fact to make the following decisions regarding the Account, Contract, Certificate, or Policy?

Note: All questions must be answered.

- a. Purchase a new Account, Contract, Certificate, or Policy 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 the Principal may take as
Owner of the Account, Contract, Certificate, or Policy..... 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 or registered representative
or a person affiliated with an insurance agent or registered representative? Yes No

6. 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 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 professionals 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 5.
- 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: _____



7. Fraud Statements

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 coverage 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.

8. 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 5.
- 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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