UNITED LIFE INSURANCE COMPANY

Attorney-in-Fact (POA) Statement and Affidavit

Instructions:

This form must be completed to establish or change a POA as signing on behalf of the owner of an Annuity or Life policy contract. You must provide a copy of your Power of Attorney (POA) document, if one has not already been filed with the Company OR a previously documented POA is no longer in effect. If you should have any questions when filling out this form, please call 1-800-637-6318.

Policy Information

Insured(s)/Annuitant(s) Name:_____

❑ New Application ❑ Regarding Policy(ies): _____; _____; _____; _____; _____

Person for whom POA is being designated (policy owner)

Name: _____

Name of individual designated as attorney-in-fact (POA) Date of POA

Name: _____ Date: _____

Type of Attorney-in-fact (POA)

❑ Durable POA ❑ Limited POA (Special powers or excluded)

If limited POA, must provide evidence of event invoking the Limited POA

Affidavit and Indemnification

To the best of my knowledge and belief, said power of attorney has not been revoked and I remain duly authorized to act pursuant to same. Further:

1) The Grantor is not deceased, and has not partially or completely revoked, terminated or suspended said Power of Attorney; and
2) A petition to determine incapacity or to appoint a guardian for the Grantor is not pending; and
3) In the event that more than one Attorney in Fact is named in the Power of Attorney, I certify that I am authorized to act individually and that United Life Insurance Company may take instruction from me acting independently of all other attorneys in fact, including delivery of assets to me personally; and
4) I agree not to exercise any powers granted to me by said Power of Attorney if I know or have reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid reasons whatsoever, including, without limitation, death or adjudication of incapacity of the Grantor; and
5) The Power of Attorney remains and shall remain in full force and effect until the death of the Grantor or there is a petition pending to determine the incapacity of the Grantor, or written notice of termination or alteration may be executed.
6) United Life Insurance Company may rely upon said Power of Attorney until such time as notification of one of the events set forth in 5) above may be received at its Home Office in Cedar Rapids, Iowa.

I have read and fully understand this Affidavit and agree to indemnify and hold harmless United Life Insurance Company, its agents, employees or assigns, from any and all claims or suits which may arise by reason of accepting it and the Power of Attorney referenced herein.

Attorney-in-Fact/POA Signature

The named attorney-in-fact, being duly sworn, attests that the Power of Attorney document that is attached is currently in full force and effect:

Attorney-in-fact (POA) Signature _____ Date:_____

Print Name of Attorney-in-fact POA here: _____

Notary Signature and Stamp *(Required if POA is over two years old)*

The attorney-in-fact named in the affidavit form has appeared before me, has been sworn, and has attested that the information contained in the affidavit is true.

Notary Signature _____ Date:_____

Notary Seal: My Commission expires_____