

Certificate of Power of Attorney



Sammons Retirement Solutions® | P.O. Box 758547, Topeka, KS 66675-8547
Overnight: Mail Zone 547, 5801 SW 6th Ave., Topeka, KS 66636-1001
Phone: 1-866-747-3421 | Fax: 1-866-511-7038

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/account 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	



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. 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: _____