

Certificate of Power of Attorney



P.O. Box 10385 • Des Moines, IA 50306-0385

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. Midland National® Life Insurance Company (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 (mm/dd/yyyy)
Street address (PO boxes are not allowed)		Social Security number
City	State	ZIP

2. Power of Attorney document information

Full name of Power of Attorney document	Effective date (mm/dd/yyyy)
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Is the document:

☐ Durable Power of Attorney effective _____ ☐ Springing Power of Attorney

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

3. Attorney-in-Fact information

Name of Attorney-in-Fact (first, middle initial, last)		Date of birth (mm/dd/yyyy)
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 (mm/dd/yyyy)
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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Receive information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Withdraw monies and/or surrender | | |
| - Request in writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Request over the phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Elect a death settlement option | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Change the address of record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Elect or change the electronic transfer for withdrawal information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Make allocation changes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Activate rider benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Designate and/or change the beneficiary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Designate himself or herself as beneficiary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Designate and/or change the owner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Change the owner to himself or herself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. All of the above, plus any other action that the Principal may take as Owner of the Contract | <input type="checkbox"/> Yes | <input type="checkbox"/> 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, representative or a person affiliated with an insurance agent/representative? ☐ Yes ☐ No

If yes, please provide relationship. _____

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.
- 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 _____
(mm/dd/yyyy)

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 _____
(mm/dd/yyyy)

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 _____
(mm/dd/yyyy)

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 _____
(mm/dd/yyyy)

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 _____
(mm/dd/yyyy)