

CERTIFICATION OF POWER OF ATTORNEY

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER(S)	DATE OF POWER OF ATTORNEY (mm/dd/yy)
PRINCIPAL'S NAME	
NAME OF ATTORNEY-IN-FACT	ATTORNEY-IN-FACT'S DATE OF BIRTH
<p>If the power of attorney is effective only upon the principal's incompetency, disability or inability to manage his or her own affairs, has a physician or court of law made such a determination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, submit physician's statement(s), court documentation or other proof of the principal's status as required by the power of attorney document.</p>	

By signing below, I certify the following under penalty of perjury:

- The principal appointed me his or her true and lawful attorney-in-fact under the power of attorney document provided to North American Insurance Company, the power of attorney is in full force and effect, and the principal is still alive.
- The power of attorney has not been modified in any way that would affect my ability thereunder to act as attorney-in-fact for any such transactions I may engage in pursuant to the power of attorney.
- I submit this Certification for the purpose of inducing North American Insurance Company to act upon my instructions in my capacity of attorney-in-fact for the principal, with full knowledge that North American Insurance Company will rely upon this Certification in acting on my instructions. I agree to indemnify, defend and hold North American Insurance Company harmless for, from and against any losses, liability, claims and costs (including reasonable attorney's fees) resulting from any actions taken in accordance with my instructions or my failure to provide instructions as the principal's attorney-in-fact.
- I will advise North American Insurance Company immediately if the power of attorney is revoked, modified or terminated, or if the principal has died.

Date

Signature of Attorney-in-Fact

Subscribed and sworn to before me on this ___ day of _____, 20__, by _____, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be within this document.

Notary's signature
(Affix notary's stamp or seal here)

My commission expires:_____

INSTRUCTIONS

Provide a copy of the power of attorney (if not previously provided), and submit with the completed, signed and notarized Certification of Power of Attorney form. If the power of attorney document appoints more than one person to act jointly as attorney-in-fact, each attorney-in-fact must complete and submit a Certification of Power of Attorney. Make sure that any notary seals included in the power of attorney are visible on the copy of the power of attorney submitted to North American.

Definitions

Attorney-in-fact: The person authorized by the principal under the power of attorney document to act on the principal's behalf as an agent.

Principal: The individual who authorizes another person to act on their behalf as an agent.

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