



P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free
catholicfinanciallife.org

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Power of Attorney Certification Form

This form is to be completed and signed by any Power of Attorney agent requesting a transaction. In addition to this form, a copy of the power of attorney document is also required if not previously submitted to the Catholic Financial Life Home Office.

Name of Insured _____ Name of Owner, if different _____

Certificate Number(s) _____

Note: In statements 3, 4, 5, and 6, please mark the appropriate box.

I, the undersigned, certify to Catholic Financial Life:

1. On the _____ day of _____, _____, _____
(date) (month) (Year) (Name)
 executed a power of attorney appointing me as his/her agent and I am now serving in that position.
2. The copy of power of attorney document I have submitted or will submit to Catholic Financial Life is a true and accurate copy of the original power of attorney described in paragraph 1, and the original document remains in effect.
3. I believe the Principal is alive. Yes No
4. This is the last power of attorney executed by the Principal. Yes No
5. I believe the Principal is mentally competent. Yes No
6. No court order has been formally undertaken to officially appoint a currently-serving Guardian of the Principal's estate. Yes No
7. I acknowledge and accept liability for any losses that Catholic Financial Life may incur by relying on this certification.

POA Name _____ Phone Number _____

POA Address _____

Signature of Power of Attorney Agent Date _____