

Power of Attorney



Amendment to application regarding the use of a Power of Attorney (POA)

1. GRANTOR (Person who signed POA)		Customer Number (if known)
Grantor Name (Last, First MI)	Date POA Signed (mm/dd/yyyy)	
2. AGENT (Person granted authority by POA)		
Agent Name (Last, First MI)	Date AAFMAA Application Signed (mm/dd/yyyy)	
3. SIGNATURE		
I hereby confirm the following statements: <ul style="list-style-type: none">• I have full knowledge to be able to truthfully and completely answer the medical questions contained in the above submitted application.• I understand the answers provided by me on this application will be held to the same standards and accountability as if the Grantor had completed such application and that Armed Forces Mutual will rely on such answers in determining whether to issue a life insurance policy. Any misrepresentation or omission of medical or other information, whether intentional or not, may cause the policy to be rescinded under the two year contestability clause and to be deemed null and void.• I understand Armed Forces Mutual requires the insured to be the owner of the Certificate when the application is completed under a Power of Attorney. I am not listed, nor did I sign, as owner of the above reference application. The above statements are complete and true. I agree that this Amendment to Application is a part of any policy issued on the basis of the application. I acknowledge that a copy of this Amendment to Application has been attached to any policy issued pursuant thereto.		
Agent Signature	Date Signed (mm/dd/yyyy)	

Instructions for Applications submitted using a Power of Attorney (POA)

1. The POA must allow for the ability to obtain insurance.
2. A copy of the POA must be submitted with the application.
3. This form must be completed and submitted with the application.
4. The Attorney-in-Fact must provide a copy of their identification as required in Section 1 of the Application Instructions.
5. All business transacted pursuant to your POA should follow the instructions for signing documents as stated in your POA. In the absence of specific instructions, all business transacted with Armed Forces Mutual should contain Grantors name, followed by Attorney's name, followed by the designation, "Attorney-in-Fact."
EXAMPLE: Kathy Smith (Attorney) has been granted a POA by her husband John Smith (Grantor). In the "Signature of Insured" box, Kathy Smith signs John Smith, followed by Kathy Smith, followed by Attorney in Fact. "John Smith, by Kathy Smith, attorney-in-fact"