

SPECIAL POWER OF ATTORNEY

The purpose of this document is to designate a person as your agent to transact business relating to your AAFMAA Life Insurance. The person you designate need not be an actual attorney but will have what is known as a "power of attorney" to act on your behalf. You may revoke this power of attorney in writing later if you wish. If there is anything about this power of attorney that you do not understand, you should ask a lawyer to explain it to you. To make this document official, you must sign it, or acknowledge having signed it, in the presence of a notary public.

Assignment of the Power of Attorney

An AAFMAA member, his or her spouse, or beneficiary may complete this section. Please type or print.

I, _____ of _____
First Name Last Name City State

do hereby grant a special power of attorney to _____
First Name Last Name

of _____ and hereby appoint this person as my true and lawful agent
City State

to act for me as indicated below by my initials. This power of attorney relates to the AAFMAA life insurance policy of

_____, whose Social Security number is _____ - _____ - _____,
Insured's First Name Last Name

with respect to: (To grant a power, you **must hand write your initials** on the line in front of the power.)

_____ obtaining information about this life insurance policy.

_____ taking a loan against this life insurance policy.

_____ changing the beneficiary designation on this life insurance policy.

_____ taking any other action(s) relating to this life insurance policy.

This power of attorney will not be affected if I subsequently become disabled, incapacitated, or incompetent. It is effective immediately, and, unless revoked or terminated by me earlier in writing, will expire on _____
(If no date applies, write "indefinite") Month/Day/Year

Signature of person giving power of attorney: _____ Date: _____

Statement of Notary Public

This document granting a power of attorney was signed, or acknowledged to have been signed, before me on

_____ by _____, who is personally
Month/Day/Year First Name Last Name

known to me or has properly identified himself/herself to me.

Jurisdiction (County) (State)

Notary Public's Signature

SEAL

My commission expires: _____
Month/Day/Year