



Power of Attorney Questionnaire

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|---|------------------------------------|
| | Policy Number(s): |
| Name of Policy Owner: | Your relationship to Policy Owner: |
| Present address of Policy Owner (no., street, apt. no., PO box, city, state, and ZIP code): | |
| State in detail why Policy Owner cannot sign for himself/herself: | |
| 1. Has Policy Owner at any time in his/her life been adjudged incompetent? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state when and by whom: | |
| 2. Is Policy Owner ill? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state the nature and severity and its expected duration: | |
| 3. Has there been any change in marital status of Policy Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain: If change is due to divorce, please provide a copy of the full certified divorce decree or other court-approved document, if readily available. | |
| 4. Has this Power of Attorney ever been rescinded, made void or in any manner been rendered inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain and provide documentation, if readily available: | |
| 5. Has the Policy Owner ever been bankrupt, or is he/she now about to enter into bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain and provide documentation (notice of bankruptcy, notice of discharge of debtor), if readily available: | |
| I declare under penalty of perjury that the foregoing is true and correct. | |
| _____ Signature | _____ Name (please print) |
| _____ Date | _____ Address |

Farmers New World Life Insurance Company

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