

P.O. Box 3211

For overnight delivery use: 1100 West Wells St. | Milwaukee, WI 53233

Power of Attorney Certification Form

This form is to be completed and signed by any Power of Attorney (POA) agent requesting a transaction. In addition to this form, a copy of the POA document is also required, if not previously submitted to the Degree of Honor (DOH) Home Office. The Principal referred to in this document is the insured, owner or beneficiary of the Certificates listed below.

Name of Principal _____

Relationship to DOH Certificates (Listed below):	Insured	Owner	Beneficiary

Certificate Number(s) ______

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

I, the undersigned, certify to Degree of Honor:

- __, ____, the Principal (named above), executed 1. On the _____ day of ___ (date) (month) (year) a POA document appointing me as his/her agent and I am now serving in that position.
- 2. The copy of POA document I have submitted or will submit to Degree of Honor is a true and accurate copy of the original POA document described in paragraph 1, and the original document remains in effect.

3.	Is the Principal alive?	Yes	No
4.	Is this the last POA document executed by the Principal?	Yes	No
5.	Is the Principal mentally competent?	Yes	No
6.	Has a Guardian been officially appointed by the court to handle the Principal's estate, relinquishing your duties as POA agent?	Yes	No

7. I acknowledge and accept liability for any losses that Degree of Honor may incur by relying on this certification.

POA Agent Information

Name	Phone Number
Address	
Signature of POA Agent	Date