

Power of Attorney Affidavit

American United Life Insurance Company® a ONEAMERICA® company One American Square P.O. Box 6002 Indianapolis, IN 46206-6002 1-800-537-6442

Pioneer Mutual Life Insurance Co. A stock subsidiary of American United Mutual Insurance Holding Company a ONEAMERICA® company P.O. Box 6002 Indianapolis, IN 46206-6002 1-800-437-4692

The State Life Insurance Company a ONEAMERICA® company P.O. Box 406 Indianapolis, IN 46206 (317) 285-2300



Producers: This form needs to be completed for any power of attorney that is two years old or older.

Check all that apply: **American United Life Insurance Company® (AUL)** **Pioneer Mutual Life Insurance Company**
 The State Life Insurance Company **Golden Rule Insurance Company**
 OneAmerica Securities, Inc. *Administered by The State Life Insurance Company*
a wholly owned subsidiary of AUL

Hereinafter referred to as "the Company:"

Please print all information with the exception of signatures.

Policy/Account Number(s): _____ Insured/Accountholder(s) Name: _____

STATE OF _____ }
COUNTY OF _____ } SS:

_____ ("Affiant") being first duly sworn upon his/her oath, does state that Affiant is the agent for _____ ("Principal") under a Power of Attorney dated _____ .

That said Power of Attorney appoints Affiant with authority to perform certain acts involving the affairs of the aforementioned Principal.

That Affiant does not have actual or constructive knowledge of the death of the Principal herein or of the revocation or termination of the above referenced Power of Attorney.

That Affiant makes this affidavit to induce the Company to accept the Power of Attorney and rely upon it and this affidavit to accept the acts of the agent (Affiant) with the same force and effect as though the Principal were personally present and acting for himself/herself.

Affiant's Signature

Printed Name

Date

STATE OF _____ }
COUNTY OF _____ } SS:

Before me, a Notary Public, in and for said County and State, personally appeared _____ , who, having been duly sworn upon (his/her) oath, stated that the above representations are true. Witness my hand and seal, this ____ day of _____ , 20____ .

Notary Public

My Commission Expires: _____

My County of Residence: _____