

AFFIDAVIT

TO: Woman's Life Insurance Society (the	he "Society")
I,, t	peing duly sworn do hereby state as follows:
1. That, in fact pursuant to a power of attorney a full and complete copy of which I have	
2. That I have remained in the capacity of	f Principal's attorney in fact since that appointment.
3. That the Principal is not deceased.	
4. That the Principal has not been adjudi determination of Principal's legal capac	cated to be legally incompetent, nor has an action for city been commenced.
5. That my appointment as Principal's a terminated or revoked (partially or fully	attorney in fact has not been amended, suspended, y) by:
a. The Principal;	
b. The terms of the appointment; or	
c. Operation of law.	
	ve harmless and defend the Society from all adverse ne Society honoring my request as Principal's attorney
Date	
	Attorney in Fact
State of	
County of	
I hereby certify that on this day before me appear and execute the foregoing affidavit	
Witness my hand and official seal in the	e county and state last aforesaid this day o
	Notary Public
	My Commission Expires: