

**SENIOR LIFE INSURANCE COMPANY**

P.O. Box 2447  
Thomasville, GA 31799-2447  
877-777-8808  
www.SeniorLifeInsuranceCompany.com

**POWER OF ATTORNEY SUBMISSION FORM****POLICY INFORMATION**

Insured's Name

Policy Number

Social Security Number

Phone Number

Email

Address

City

State

Zip

Policyowner's Name (if different)

Relationship to Insured

Social Security Number

Phone Number

Email

Address

City

State

Zip

**POWER OF ATTORNEY DOCUMENTATION INFORMATION**

Date of Submission

Number of Pages of Document

Effective Date of POA

State/Territory in which the POA was created

To your knowledge, do any other POA's exist over the Policyowner?

Yes

☐

No

☐

If yes, provide additional information:

**INFORMATION ABOUT AGENT NAMED IN POA**

Name of Agent

Name of person submitting POA (if different)

Agent Address

Agent Phone Number

Agent E-mail

**AUTHORITY SOUGHT UNDER POWER OF ATTORNEY**☐ Be Provided Information About Policy☐ Change Beneficiary (Agent)☐ Change Payor and/or Payment Information☐ Take Out Loans☐ Change Ownership☐ Surrender Policy☐ Change Beneficiaries (Not Agent)☐ Other: \_\_\_\_\_

Is the Power of Attorney still valid?

Yes

☐

No

☐

Do you agree to notify Senior Life immediately if any changes are made to the status of the POA that affects your authority?

Yes

☐

No

☐

**SIGNATURE**

\_\_\_\_\_  
(POA Agent's Signature)

Date:\_\_\_\_\_