Lincoln Financial Group®

The Lincoln National Life Insurance Company
Client Services MIR1
PO Box 5048
Hartford, CT 06102-5048
Fax 860-466-2835

AFFIDAVIT

Policy/Certificate Number _____

Issued by (the "Company")_____

WHEREAS, _____ , ("Principal"), appointed

_____ ("Attorney"), as true and lawful attorney in fact to act on behalf of

_____ ; under a Durable/General Power of Attorney dated _____ ; and

WHEREAS, _____ desires to exercise powers, rights, duties, acts and obligations granted under such Durable/General Power of attorney.

NOW, THEREFORE, Attorney states and certifies to the Company...

- the Principal is alive on this date; and
- the Durable/General Power of Attorney, dated _____, has not been revoked; and
- the Attorney has not been removed by either the Principal or any conservator, guardian or other fiduciary appointed by the court in the event of disability or incompetence; and
- the specific right(s) of policy ownership being exercised by the Attorney are in full compliance with the powers, rights, duties, acts and obligations under such Durable/General Power of Attorney and the laws of the state under which said Durable/General Power of Attorney was issued.

_____
Attorney

STATE OF }
}
COUNTY OF }

On this _____ day of _____ before me, the undersigned, a Notary Public in and for said
(month/year)

County and State personally appeared_____ , known to me (or satisfactorily proven), to be the person whose name is subscribed to the within instrument, and acknowledge that she/he executed the same.

In Witness whereof, I hereunto set my hand and official seal.

_____
Notary Public
My Commission Expires:

(Seal)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.