

Amendment to Application

Regarding the use of a Power of Attorney (POA)

Please PRINT clearly in blue or black ink. Original signature required (no faxes).

1. GRANTOR (Person who signed POA)	For office use only
Grantor Name (Last, First MI)	Date POA Signed (mm/dd/yyyy)

2. AGENT (Person granted authority by POA)	
Agent Name (Last, First MI)	Date AAFMAA Application Signed (mm/dd/yyyy)

3. CONFIRMATION	
<p>I hereby confirm the following statements:</p> <ul style="list-style-type: none">• I have full knowledge to be able to truthfully and completely answer the medical questions contained in the above submitted application.• I understand the answers provided by me on this application will be held to the same standards and accountability as if the Grantor had completed such application and that AAFMAA will rely on such answers in determining whether to issue a life insurance policy. Any misrepresentation or omission of medical or other information, whether intentional or not, may cause the policy to be rescinded under the two year contestability clause and to be deemed null and void.• I understand AAFMAA requires the insured to be the owner of the Certificate when the application is completed under a Power of Attorney. I am not listed, nor did I sign, as owner of the above reference application. <p>The above statements are complete and true. I agree that this Amendment to Application is a part of any policy issued on the basis of the application. I acknowledge that a copy of this Amendment to Application has been attached to any policy issued pursuant thereto.</p>	
Signature of Agent	Date Signed (mm/dd/yyyy)

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