



Affiliates:
 Annuity Investors Life Insurance Company®
 Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:
 Continental General Insurance Company®
 Loyal American Life Insurance Company®

Fixed and Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Pension Annuities: PO Box 5420, Cincinnati OH 45201 / 877-656-6677 / 800-901-1565 Fax
 Life Insurance: PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax
 Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

POWER OF ATTORNEY CERTIFICATION

To be completed by the Attorney-in-Fact (the person using the POA document to act on behalf of someone else)

1.) INFORMATION ABOUT YOU AS ATTORNEY-IN-FACT
 (the person using the POA to act on behalf of the Principal)

2.) INFORMATION ABOUT THE PRINCIPAL
 (the owner or beneficiary for whom you are acting)

Attorney-in-Fact's Name:	
Attorney-in-Fact's Relationship to Principal:	
Attorney-in-Fact's Address:	
Attorney-in-Fact's SSN:	Attorney-in-Fact's Daytime Phone ()

Principal's Name:	
Contract Number:	
Principal's Address:	
Principal's SSN:	Principal's Daytime Phone: ()

3.) DATE PRINCIPAL SIGNED THE POA DOCUMENT:

(MM/DD/YYYY):

Generally, *not* the date of this form.

4.) ANSWER YES OR NO: Has a court appointed a guardian or conservator for the Principal? Yes No (if yes, you must attach documentation)
 Are guardian or conservator proceedings for the Principal pending? Yes No

5.) PROOF OF EFFECTIVENESS (SPRINGING POWER OF ATTORNEY): If this Power of Attorney became effective only upon the incapacity of the Principal, I have submitted the documentation required by the Power of Attorney or state law to show that this Power of Attorney is now in effect.

CERTIFICATION BY ATTORNEY-IN-FACT: Under penalties of perjury or false swearing under the law of my state of residence, I state that the information set out above and all of the following are true and correct to the best of my knowledge and belief:

- I have provided a true and correct copy of the Power of Attorney document.
- The Power of Attorney is valid under the law of the Principal's state of residence or in the state where executed.
- I am acting within the scope of my authority under the Power of Attorney.
- All the conditions required for the Power of Attorney to me to be effective have been satisfied.
- The Principal is alive, and the Power of Attorney has **not** been suspended, revoked, or terminated.
- If I am the Principal's current or former spouse, civil union partner, or domestic partner, no action has ever been filed for legal separation or for divorce or other termination of our marriage, union, or partnership.
- If I am named as a successor Attorney-in-Fact, I understand that I may be required to provide documentation that the prior Attorney-in-fact is no longer able or willing to serve, such as a death certificate, physician certification of incapacity, a letter of resignation or other proof specified in the Power of Attorney document.

I understand that I cannot use the Power of Attorney after the Principal dies, or after the Power of Attorney is suspended, revoked, or terminated. I understand that termination may occur automatically on the appointment of a guardian or conservator or on filing to terminate a marriage, civil union, or domestic partnership. **I agree to notify MassMutual Ascend or Affiliates promptly if the Principal dies or if the Power of Attorney is suspended or revoked, or terminates.** I agree to renew this Certification from time to time on request.

I am completing this Certification to induce MassMutual Ascend or its Affiliates to rely on the Power of Attorney. I agree to indemnify and hold harmless MassMutual Ascend and its Affiliates against any and all claims or demands which may be made by reason of such reliance.

 Attorney-in-Fact's Signature

 Today's Date

Attorney-in-Fact Verification of Identification (required by Section 326 of USA Patriot Act)	
Must provide a clear copy of the Attorney-in-Fact's driver's license, passport, or photo ID	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID
ID Number	_____
State/Country of Issue	_____
Expiration Date	_____