

Power of Attorney Affidavit

Account Owner Name: _____ Account Number: _____

Daytime Phone Number: _____ Evening Phone Number: _____

IMPORTANT INFORMATION: This form verifies that the Power of Attorney document for the account owner indicated above is still valid.

POWER OF ATTORNEY INFORMATION

To the best of my knowledge, the Power of Attorney document executed by _____ (the Principal)

on _____ (date) naming me as Attorney-in-fact is still valid and has not been revoked, modified, or altered by

the Principal or by the operation of law. To the best of my knowledge, no guardianship or conservatorship is pending. Further, the Principal is still living

and currently resides at _____ (address).

Attorney-in-fact's printed name: _____

Attorney-in-fact's signature: _____

Date: _____ Phone number: _____

NOTARY PUBLIC INFORMATION

State of _____

County of _____

Before me the undersigned, a Notary Public for _____ County, State of, _____

personally appeared _____ and he / she being first duly sworn upon his / her oath, says that the

facts alleged in the foregoing document are true.

Signed and sealed this the _____ day of, _____ .

Notary Public _____

My commission expires _____

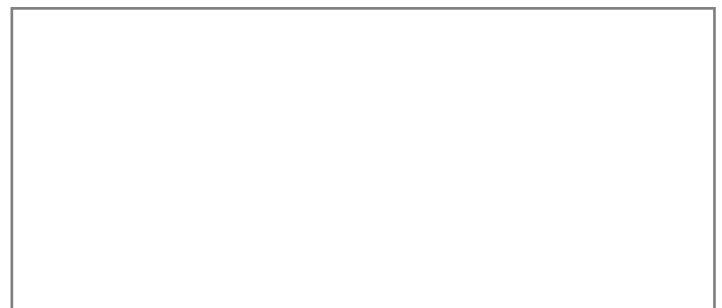
Once completed, mail the form and required documents to the appropriate address listed for processing.

Retail Mutual Funds:

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Managed Accounts:

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262



NOTE: A copy of the Power of Attorney Agreement must be included with this document.