



FARMERS LIFE INSURANCE COMPANY

Annuity Application Certification and Indemnity Agreement (Power of Attorney)

I, the undersigned, hereby certify and represent that the following are true and correct:

1. _____, Attorney-in-Fact under a Power of Attorney executed
Full legal name
by _____, (hereinafter "Applicant") on _____.
Applicant full legal name Date

I am authorized to handle, as Attorney-in-Fact, certain affairs of the Applicant pursuant to the authority granted to me in the Power of Attorney.

- 2. A true copy of the original Power of Attorney is furnished herewith. I have had the opportunity to consult with my own independent legal advisors regarding the Power of Attorney and affirm that it and the powers granted to me therein are valid and consistent with the laws of the state where it was executed.
3. The Applicant named above was competent at the time the Power of Attorney was executed and is still living as of the date this certification is signed. No conservator or guardian has been appointed for the Applicant, and it is not anticipated that one will be appointed; and (check one of the following):
[] The Applicant remains competent.
[] The Applicant is presently disabled or incapacitated.
4. I make this certification pursuant to the powers granted to me in the Power of Attorney for the purpose of inducing Farmers Life Insurance Company (the "Company") to process, with the intent of issuing and thereafter administering, the individual annuity applied for under the accompanying application.
5. I agree, on behalf of the Applicant and the Applicant's heirs, successors, and assigns, to completely release the Company and its agents, third-party administrators, directors, officers, employees, and other representative and hold them harmless from any claim, loss, or liability related to any action taken in reliance on or pursuant to the Power of Attorney or this certification. Additionally, I agree to indemnify the Company and its agents, third-party administrators, directors, officers, employees, and other representatives from any claim, loss, or liability that may arise from any action taken in reliance on or pursuant to the Power of Attorney, this certification, or at the direction of the undersigned Attorney-in-Fact.
6. The information contained in this certification regarding the condition of the Annuitant and the effectiveness of the Power of Attorney was supplied by me, and I have not relied on any information supplied by the Company, its agents, third-party administrators, employees, or other representatives in executing this certification.

Signed this _____ day of _____
month/year

Attorney-in-Fact signature