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AMERITAS LIFE INSURANCE CORP.
P.O. Box 81889 / Lincoln, NE 68501

ACACIA LIFE INSURANCE COMPANY
P.O. Box 81889 / Lincoln, NE 68501

(Hereinafter referred to as "the Company")

LIMITED POWER OF ATTORNEY APPOINTMENT

1020

Fax: 402-467-7335

If multiple co-owners or trustees are named as owners on a policy of the Company indicated above, please complete the following:

Annuitant's /Insured's Name: _____

Policyowners/Trustees: _____

Policy Number(s): _____

WHEREAS, the undersigneds are all of the multiple trustees or joint owners with rights of survivorship (JTWROS), hereafter "Joint Owners" of the policy(ies) designated above, and

WHEREAS, the existence of multiple trustees or joint owners creates additional administrative burdens both upon the undersigned and the Company, and

WHEREAS, the undersigneds wish to designate and empower, on behalf of the undersigned trustees or joint owners, one trustee/joint owner to exercise limited ownership rights.

NOW, THEREFORE, the undersigneds do hereby appoint _____
Name and Date of Birth

_____ of _____, _____, their limited attorney in fact,
Social Security or Tax I.D. Number City State

to execute inter-fund transfers and allocation changes (if applicable) under said policy(ies) on behalf of the undersigned trustees or joint owners and to receive any and all correspondence, billing notices, etc. of any kind on behalf of the trustees or joint owners, and said limited attorney-in-fact, hereby accepts this appointment. The undersigneds also agree that all tax liability will be reported under the attorney-in-fact's Social Security or Tax I.D. number (joint owners only).

THIS LIMITED POWER OF ATTORNEY shall not be affected by the subsequent disability or incapacity of any trustee or joint owner for whom the attorney-in-fact has been appointed to act.

The undersigneds authorize the Company to accept and rely upon any action taken or omitted, or decision made, by the limited attorney-in-fact within its scope until notice of revocation is provided to the Company as specified below. The undersigneds agree upon behalf of themselves and their heirs, successors or assigns, to indemnify and hold the Company harmless for any loss or liability incurred as a direct result of such acceptance or reliance.

THIS APPOINTMENT shall be revoked effective only upon receipt by the Company at its Service Center located in Lincoln, Nebraska, of written notice from any trustee/joint owner of said revocation.

DATED this _____ day of _____, _____.

Witness

Trustee/Joint Owner

Witness

Trustee/Joint Owner

Witness

Trustee/Joint Owner

Witness

Trustee/Joint Owner

The foregoing appointment is recorded and filed by the Company on _____, _____.

RECORDED AT THE SERVICE CENTER

By: _____