

**AFFIDAVIT AS TO THE POWER OF ATTORNEY
BEING IN FULL FORCE AND EFFECT**

STATE OF _____)
) ss:
COUNTY OF _____)

_____ (“Attorney-in-Fact”) being duly sworn, deposes and says:
(Name of Attorney-in-Fact/Agent)

THAT _____, (“Principal”), who resides at _____,
(Name of Principal) (Address of Principal)

did in writing on _____, appoint me his/her true and lawful Attorney-in Fact, and
(Date of Power of Attorney)
that attached hereto, and made a part hereof, is a copy of the power of attorney (“Power of Attorney”).

THAT I have no actual knowledge or notice of revocation, modification or partial or complete termination of the Power of Attorney by death of the Principal or otherwise, or notice of any facts indicating the same.

THAT I hereby represent that the Principal is now alive; has not, at any time revoked or repudiated the Power of Attorney; and the Power of Attorney still is in full force and effect.

THAT I have no actual knowledge or notice of any facts that would affect my ability to act as Attorney-in-Fact for any transactions I may engage in pursuant to the Power of Attorney.

THAT I make this affidavit for the purpose of inducing The Guardian Life Insurance Company of America (“Guardian”), The Guardian Insurance & Annuity Company, Inc. (“GIAC”), Park Avenue Securities, LLC. (“PAS”) and/or Berkshire Life Insurance Company of America (“Berkshire”), and its and their parents, affiliates, subsidiaries, current and former officers, directors, employees, agents, representatives, attorneys, trustees, successors, predecessors and assigns (collectively the “Companies”) to act upon my instructions in my capacity of Attorney-in-Fact of the Principal, with the full knowledge that the Companies in accepting my instructions, will rely upon this affidavit. I, in my individual and fiduciary capacity, agree to fully indemnify and hold the Companies harmless for any losses, liabilities, claims, actions, complaints, suits, damages, expenses, and costs (including reasonable attorney’s fees) to which the Companies may become subject arising in any manner out of or in connection with the Power of Attorney, or resulting from any actions, transactions, withdrawals or transfers made in accordance with my instructions or my failure to provide instructions as the Principal’s Attorney-in-Fact.

THAT I will advise Guardian, GIAC, PAS and/or Berkshire immediately if the Power of Attorney is revoked, modified or partially or completely terminated or is no longer valid because of the death of the Principal or otherwise.

Date: _____ Signature: _____
(Signature of Attorney-in-Fact/Agent)

Address: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ who upon oath acknowledged that s/he did sign the foregoing instrument and that the same is his/her free act and deed. In testimony whereof, I have hereunto set my hand and official seal this day of _____.

Notary Public