

DESIGNATION OF AGENT WITH REGARD TO PLAN OF CONNECTICUT

That I _____ of _____ (the principal herein) do hereby appoint _____
of _____ my attorney(s)-in-fact TO ACT:

(If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "jointly". Otherwise, each named agent will be able to act alone.

FIRST: in my name, place and stead in any way which I myself could do, if I were personally present, to act as my agent with regard to PLAN of CT.

SECOND: with full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select by an acknowledged writing.

THIRD: hereby ratifying and confirming all that said attorney(s) or substitutes(s) do or cause to be done.

SURVIVAL OF AUTHORITY UPON DISABILITY AND INCOMPETENCE OF PRINCIPALS

This Power of Attorney SHALL NOT be affected by the subsequent disability or incompetence of the principal.

In Witness Whereof, I have hereunto signed my name this _____

Attested and subscribed in the presence of the
principal and subsequent to the principal
subscribing the same.

STATE OF CONNECTICUT)

) ss.

COUNTY OF)

The foregoing POWER OF ATTORNEY with provisions for SURVIVAL OF AUTHORITY was acknowledged before me this _____ by _____.

Commissioner of the Superior Court
Notary Public, My Commission Expires _____