



AFFIDAVIT OF ATTORNEY-IN-FACT AS TO POWER OF ATTORNEY BEING IN FULL FORCE

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

PERSONALLY appeared before me, \_\_\_\_\_, hereinafter "Agent"(Attorney-In-Fact) who being duly sworn by me states upon his or her oath and personal knowledge the following:

- 1. Agent resides in \_\_\_\_\_ County, \_\_\_\_\_. The Principal, \_\_\_\_\_, signed a written Power of Attorney on \_\_\_\_\_, 20\_\_\_\_, appointing Agent as his/her attorney-in-fact. (An original or true copy of the power of attorney is attached hereto and incorporated herein.)
2. As attorney-in-fact and under and by virtue of the Power of Attorney, Agent has this date executed this instrument, Affidavit of Attorney-in-Fact as to Power of Attorney Being in Full Force.
3. At the time of executing this instrument, Agent had no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or notice of any facts indicating the same.
4. Agent represents that the Principal is 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.
5. Agent makes this affidavit for the purposes of inducing State Department Federal Credit Union to accept delivery of this instrument, as executed by me in my capacity of attorney-in-fact for the Principal.
6. Agent will fully indemnify and hold harmless SDFCU and its affiliates from any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) that SDFCU may incur as a result of its reliance on my continued authority.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

The USA Patriot Act and other regulations require financial institutions to obtain, verify and record information that identifies each person who has access to an account. Non-members will not be allowed access to an account until the information below is provided and verified in accordance with the appropriate regulations.

Full Name: \_\_\_\_\_ Relationship to our member: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_