## IMPORTANT INFOMRATION ABOUT ESTABLISHING A POWER OF ATTORNEY ON YOUR ACCOUNT

FedChoice Federal Credit Union will accept a Power of Attorney on the member, joint owner or any authorized signer of an account, however there are some important points you need to be aware of.

A Power of Attorney (POA) is an instrument authorizing one person (Attorney-in-Fact or Agent) to act on behalf of another (Principal), granting either general or specific authority to conduct business on their behalf.

A Power of Attorney may not be established on a Trust account or Custodian account.

FedChoice has the discretion to accept or decline any Power of Attorney being submitted if issued prior to October 1, 2010.

- For a Power of Attorney issued in the State of Maryland on or after October 1, 2010 must be accepted provided the document has a notary public and two adult witnesses.
- For a Power of Attorneys issued on or after October 1, 2010 from another State, the Credit Union has the discretion to accept or decline.

In any case, the Credit Union may obtain a legal review before establishing the Power of Attorney on the account.

To establish a Power of Attorney, the following is required:

- A copy of the Power of Attorney.
- A completed, signed and notarized Affidavit of Agent.
- A valid piece of acceptable identification on the Attorney-in-Fact (Agent)

The Attorney-in-Fact (Agent) is to act on behalf of the Principal and has a fiduciary responsibility to the Principal. An Attorney-in-Fact (Agent) cannot:

- Execute, amend or revoke a Trust agreement
- Fund a trust with the Principal's property
- Make or revoke a gift
- Disclaim a gift or devise of property
- Create or change survivorship/beneficiary interests
- Designate one or more substitute/successor/additional Attorneys-in-Fact
- Make transactions which clearly benefits the Attorney-in-Fact

If at anytime you wish to revoke the Power of Attorney, it is your responsibility to notify FedChoice in writing. You may complete our Revocation of Power Attorney form. All requests must be notarized.

Return required documents to any FedChoice Financial Service Center or return by certified mail to FedChoice FCU 10001 Willowdale Road Lanham MD 20706

If you have any questions, please do not hesitate to contact us at 301-699-6151 or toll free 800-969-6151

## Affidavit of Agent for Power of Attorney FedChoice Federal Credit Union

REQUIRED: Copy of Power of Attorney and acceptable piece of identification of Agent.

Attorney-in-Fact (Agent) Information:  First Name:	Member's Name:	A	ccount Number:		_	
Date of Birth: Social Security Number: Home: Work: Street: City: State: Zip:	Attorney-in-Fact (Agent) Information	on:				
Street:	First Name:	Middle: Las	st Name:		Suffix:	
Identification Information ID Type: [] Drivers License [] State Vehicle ID [] Military ID [] Passport [] Resident Alien Card ID Number: Issue Date: Expiration Date: ID State/Country: Power of Attorney Information:  Issued in State: Date appointed: Expiration date, if applicable In the principal in the principal and certify that I was duly appointed the agent for (Name of Agent) by a power of attorney to conduct fransactions on behalf of the Principal and certify that:  • the Principal is not deceased;	Date of Birth: Socia	I Security Number:		Home:	_Work:	
ID Type: [] Drivers License [] State Vehicle ID [] Military ID [] Passport [] Resident Alien Card  ID Number:	Street:	City:		State:	Zip:	
Issued in State:						
Issued in State:	ID Number:	Issue Date:	Expiration Date:	ID Sta	ate/Country:	
I,	Power of Attorney Information:					
(Name of Agent) by a power of attorney dated that I have authority under the power of attorney to conduct transactions on behalf of the Principal and certify that:  • the Principal is not deceased; • the power of attorney referenced above has not been revoked by the Principal or by court order; and • no fiduciary such as guardian or conservator has been appointed to manage the person or estate of the Principal and that I am the Agent of the Principal, that I must exercise my powers for the benefit of the Principal and that the funds in the funds in the funds in the Principal's account belong to the Principal. I hereby agree to notify FedChoice Federal Credit Union (the 'Credit Union') immediately and in writing at 10001 Willowdale Rd, Lanham, MD, 20706, if this appointment is revoked, the Principal is deceased, or a guardian or conservator is appointed to manage the person or estate of the Principal.  Indemnification: Furthermore, to induce the Credit Union to recognize my appointment, I hereby agree to indemnify the Credit Union from and against any and all losses, damages, expenses, liabilities, costs and fees, including reasonable attorney's fees FedChoice FCU may incur as a direct or indirect result of my conducting banking transactions on behalf of the Principal and/or of my failure to notify said Credit Union of any one or all of the aforesaid occurrences.  The Credit Union has not prepared or approved the power of attorney referenced above and shall not be an insurer or guarantor of its validity, effectiveness or terms. The Credit Union will no supervise the account activity performed to ensure that it benefits the Principal.  Notary Public My Commission expires:  In witness thereof I hereunto set my hand and official seal.  Notary Public My Commission expires:  IDENTITY VERIFICATION NOTICE: Federal law requires financial institutions to obtain sufficient information to verify the identity of all signatories to an account. You may be asked several questions and to provide one or more forms of iden	Issued in State:	Date appointed:	Expira	Expiration date, if applicable		
attorney to conduct transactions on behalf of the Principal and certify that:  • the Principal is not deceased; • the power of attorney referenced above has not been revoked by the Principal or by court order; and • no fiduciary such as guardian or conservator has been appointed to manage the person or estate of the Principal.  Responsibilities: I understand that I am the Agent of the Principal, that I must exercise my powers for the benefit of the Principal and that the funds in the funds in the Principal's account belong to the Principal. I hereby agree to notify FedChoice Federal Credit Union (the "Credit Union") immediately and in writing at 10001 Willowdale Rd, Lanham, MD, 20706, if this appointment is revoked, the Principal is deceased, or a guardian or conservator is appointed to manage the person or estate of the Principal.  Indemnification: Furthermore, to induce the Credit Union to recognize my appointment, I hereby agree to indemnify the Credit Union from and against any and all losses, damages, expenses, liabilities, costs and fees, including reasonable attorneys fees FedChoice FCU may incur as a direct or indirect result of my conducting banking transactions on behalf of the Principal and/or of my failure to notify said Credit Union of any one or all of the aforesaid occurrences.  The Credit Union has not prepared or approved the power of attorney referenced above and shall not be an insurer or guarantor of its validity, effectiveness or terms. The Credit Union will no supervise the account activity performed to ensure that it benefits the Principal.  IN WITNESS WHEREOF, I have executed this Affidavit this day of 20  On this day of the 20 before me the undersigned officer, personally appeared known to be or satisfactorily proven to be the person who name is signed above, and acknowledged to me that he/she signed this affidavit voluntarily for its stated purpose.  In witness thereof I hereunto set my hand and official seal Notary Public	I,, do hereby declare under penalties of perjury that I was duly appointed the agent for					
attorney to conduct transactions on behalf of the Principal and certify that:	• • •	by a power of attor	ney dated	that I have authorit	y under the power of	
State of:  County of:  On this day of the, 20, before me the undersigned officer, personally appeared, known to be or satisfactorily proven to be the person who name is signed above, and acknowledged to me that he/she signed this affidavit voluntarily for its stated purpose.  In witness thereof I hereunto set my hand and official seal	<ul> <li>the power of attorney referenced above has not been revoked by the Principal or by court order; and</li> <li>no fiduciary such as guardian or conservator has been appointed to manage the person or estate of the Principal.</li> <li>Responsibilities: I understand that I am the Agent of the Principal, that I must exercise my powers for the benefit of the Principal and that the funds in the funds in the Principal's account belong to the Principal. I hereby agree to notify FedChoice Federal Credit Union (the "Credit Union") immediately and in writing at 10001 Willowdale Rd, Lanham, MD, 20706, if this appointment is revoked, the Principal is deceased, or a guardian or conservator is appointed to manage the person or estate of the Principal.</li> <li>Indemnification: Furthermore, to induce the Credit Union to recognize my appointment, I hereby agree to indemnify the Credit Union from and against any and all losses, damages, expenses, liabilities, costs and fees, including reasonable attorney's fees FedChoice FCU may incur as a direct or indirect result of my conducting banking transactions on behalf of the Principal and/or of my failure to notify said Credit Union of any one or all of the aforesaid occurrences.</li> <li>The Credit Union has not prepared or approved the power of attorney referenced above and shall not be an insurer or guarantor of its validity, effectiveness or terms. The Credit Union will no supervise the account activity performed to ensure that it benefits the Principal.</li> </ul>					
County of:  On thisday of the, 20, before me the undersigned officer, personally appeared, known to be or satisfactorily proven to be the person who name is signed above, and acknowledged to me that he/she signed this affidavit voluntarily for its stated purpose.  In witness thereof I hereunto set my hand and official seal						
known to be or satisfactorily proven to be the person who name is signed above, and acknowledged to me that he/she signed this affidavit voluntarily for its stated purpose.  In witness thereof I hereunto set my hand and official seal.  Notary Public My Commission expires:  IDENTITY VERIFICATION NOTICE: Federal law requires financial institutions to obtain sufficient information to verify the identity of all signatories to an account. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. All verification procedures will be in compliance with our privacy policy that protects the information you provide.  CREDIT UNION USE ONLY:						
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