

1. Accountholder Information

Account Name:		Account Number:	
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2. Attorney In Fact Information

Name:		Social Security Number:	
Address:		Date of Birth:	
City State Zip:		Phone Number:	

3. Power of Attorney Information

POA Type	Date of POA	Expiration Date
<input type="checkbox"/> Non-durable POA <input type="checkbox"/> Durable POA	____/____/____	____/____/____ <input type="checkbox"/> No Expiration Date

4. Signature

Attorney-in-Fact / Agent certifies:

- I am the agent appointed under the subject Power of Attorney ("POA"), which is attached.
- The attached is a true, accurate and complete copy of the subject POA
- The account owner / principal is not deceased, and has not partially or completely revoked, terminated or suspended this POA.
- If the POA is not a Durable Power of Attorney, Principal has not been declared incompetent or incapacitated nor is a petition to determine the competence or mental capacity of the principal pending.
- I agree not to give, transmit, convey or issue any instructions concerning the above-referenced account that I know or believe are not authorized by or otherwise not in compliance with, or in violation of the attached POA.
- I hereby agree to indemnify and hold Mainstar Trust and its affiliates harmless from any claims and costs (including reasonable attorney's fees) that may arise to it by reason of its having relied upon my instructions, either oral, written or electronically under the authorization contained in the POA.
- I will notify Mainstar Trust immediately if the POA is modified, revoked or terminated or if the principal has deceased.
- I agree to be bound by the terms and conditions contained in the Custodial Account Agreement and Disclosures.
- I agree that if my contact information changes, I will provide Mainstar with either a revised POA Affidavit or LOI to update.
- I agree that this form will expire 2 years from the date signed. I will provide an updated version upon expiration.

<p>Signature of Attorney-in-Fact / Agent Date</p> <p>For Joint POA – Individual Power of Attorney Affidavit forms required.</p>		<p style="text-align: center;">Notary Required</p> <p>On this day, _____ (day/month), 20____, before me _____ (notary name), a Notary Public in the state of _____, personally appeared _____.</p>	
<p>Documents Required:</p> <ol style="list-style-type: none"> Photocopy of the full Power of Attorney. Completed & Notarized Power of Attorney Affidavit. 		<p>Signature of Notary Public Expiration Date</p> <p style="text-align: center;">(seal)</p>	