

Documents required to add a Power of Attorney (POA) on an account include:

- Copy of the full Power of Attorney document
- POA agent's form of identification, including one valid state or Government issued identification with photo. As required by Federal law, the Credit Union must verify the identity of each person conducting business on an account and must maintain records of information used to verify each person's identity.

Account Number(s)

PRIMARY OWNER INFORMATION

Last Name	First Name & Middle Initial	Social Security Number
Date of Birth	Driver's License Number/State	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address (No P.O. Boxes)		City/State/Zip
Day Phone Number	Evening Phone Number	Email Address

AGENT UNDER POWER OF ATTORNEY INFORMATION

Last Name	First Name & Middle Initial	Social Security Number
Date of Birth	Driver's License Number/State	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address (No P.O. Boxes)		City/State/Zip
Mailing Address		City/State/Zip
Day Phone Number	Evening Phone Number	Email Address

AGENT UNDER POWER OF ATTORNEY INDEMNIFICATION AND SIGNATURE

By signing below, you:

Accept appointment as agent/attorney in fact/authorized person (agent) under the Power of Attorney (POA) of the primary owner (member) named first above and as to the account(s) listed above, acknowledge that a true, accurate, and complete copy of the POA has been provided to NASA FCU, acknowledge that the POA is effective, affirm that you are named in the POA to act as agent, and affirm that if you were named as a successor agent in the POA, the prior agent is no longer able or willing to serve.

Accept and agree that NASA FCU does not allow an agent to carry out certain activities, including but not limited to opening new member relationships, extending new lending obligations, or allowing the naming or changing of account beneficiaries/POD payees, based on any power of attorney regardless of the powers granted.

Affirm that the member is not deceased and has not partially or totally revoked, suspended, or terminated the POA, and that there is no petition pending to determine the incapacity or to appoint a guardian for the member, and agree that NASA FCU may rely on your status as agent under the POA until NASA FCU has received satisfactory written notice of the member's death, termination of the POA, or your removal or resignation as agent and has had a reasonable amount of time to act on the notice.

Represent that if there are multiple agents appointed by the POA, you are authorized to act individually (and are not required to act jointly with any other agent) and that NASA FCU may follow your instructions independent of all other agents or account owners, provided that if there is a conflict between instructions from you, another agent, the member, or another account owner, NASA FCU may in its sole discretion either act on any instructions received or take no action until the conflict is resolved to NASA FCU's satisfaction.

Agree to not take any action that you believe to be inconsistent with your powers or responsibilities as agent under the POA, agree to cease acting as agent if you know, or have reason to know, that your capacity as agent under the POA has been limited, suspended, or terminated for any reason, and agree that NASA FCU in its sole discretion may suspend your authority to act as agent under the POA regarding the accounts(s) identified above or any other matters.

Indemnify and hold NASA FCU harmless from and against all losses, liabilities, claims, costs, and expenses (including attorneys' fees) resulting from transactions made in accordance with your instructions.

Under penalties of perjury, you certify the statements above are true, complete, and correct.

Signature: _____ Date: _____

NOTARY PUBLIC

DATED this the _____ day of _____, 20_____.

Agent Signature: _____

Print Name: _____

Sworn to and subscribed before me on this date: _____

Notary Public: _____

My Commission Expires: _____

(SEAL)