

Agent Certification - Validity of Power of Attorney & Agent's Authority

Member Name: _____ Member Number: _____

Attorney-In-Fact Information

First Name: _____ M.I.: ____ Last Name: _____

Tax ID: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____ Ext: _____

ID Type : _____ 2nd ID Type: _____

ID Number: _____ ID Number: _____

Place of Issue: _____ Place of Issue: _____

Issue Date: _____ Exp Date: _____ Issue Date: _____ Exp Date: _____

I acknowledge that unless specifically stated in the Power of Attorney, I cannot: 1) change or alter account ownership; 2) add or delete a beneficiary from the account; 3) empower others to act on the principal's behalf.

Certification

I _____ certify under penalty of perjury that
_____ granted me authority as an agent or successor agent in a power of attorney dated _____

I further certify that to my knowledge:

1. I am acting in good faith pursuant to the authority given under the power of attorney;
2. The principal is alive and has not terminated, revoked, limited, or modified the power of attorney or my authority to act under the power of attorney; nor has the power of attorney or my authority to act under the power of attorney been terminated, revoked, limited, or modified by any other circumstances;
3. When the power of attorney was signed, the principal was competent to do so and was not under undue influence to sign;
4. All events necessary to making the power of attorney effective have occurred;
5. If I was married or a registered domestic partner of the principal when the power of attorney was executed, there has been no subsequent dissolution, annulment, or legal separation, and no action is pending for the dissolution of the marriage or domestic partnership or for legal separation;
6. . If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
7. If I was named as a successor agent, the prior agent is no longer able or willing to serve, or the conditions stated in the power of attorney that cause me to become the acting agent have occurred; and
8. Insert other relevant statements: _____

I certify under penalty of perjury, under the laws of the State of Washington, that the statements in this Affidavit are true and correct.

Agent's Signature: _____ Date: _____

Agent's Printed Name: _____

NOTARY ACKNOWLEDGMENT

PLACE NOTARY STAMP OR SEAL BELOW

State of: _____ County of: _____

I certify that I know or have satisfactory evidence that _____

is the person who appeared before me this _____ day of _____, 20____

Notary Public Signature: _____

My Commission Expires: _____