



AFFIDAVIT OF PRINCIPAL THAT
POWER OF ATTORNEY REMAINS IN FULL FORCE

STATE OF _____ COUNTY OF _____

PERSONALLY appeared before me, _____, hereinafter "Principal", who being duly sworn by me states upon his or her oath and personal knowledge the following:

- 1. Principal resides in _____ County, _____. The Principal signed a written Power of Attorney on _____, 20____, appointing _____ as his/her attorney-in-fact, hereinafter "Agent". (An original or true copy of the power of attorney is attached hereto and incorporated herein.)
- 2. As Principal, I hereby certify that the Power of Attorney referenced above remains in full force and has not been revoked, amended or cancelled by me, or by operation of law.
- 3. Since the date of execution of the Power of Attorney, all actions of my Agent pursuant to the Power of Attorney are fully recognized by me as binding.
- 4. My Agent remains empowered to act pursuant to the Power of attorney and said agent has not been removed as my attorney-in-fact.
- 5. Principal 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_____.

Principal 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. If you opened your account with us prior to September 11, 2011, please provide the information, below, so that it can be verified in accordance with the appropriate regulations.

Full Name: _____ Account Number(s): _____

Home Address: _____ City/State/Zip: _____

SSN: _____ Home Phone: _____ Date of Birth: _____