



Member Name	
Member Number	

## STATEMENT OF INDEMNITY

I, \_\_\_\_\_  
 agree for myself, my estate, and my attorney-in-fact to indemnify and hold PenFed Credit Union harmless against any loss or damage it may sustain in reliance on any Power of Attorney I may issue during or after termination thereof, by operation of law or otherwise, including the period before any actual notice of such termination is received by PenFed Credit Union. "Actual notice" shall be deemed received by PenFed Credit Union upon receipt of written notice of revocation of this Power of Attorney.

Signed \_\_\_\_\_

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Month)

(Year)

\_\_\_\_\_  
 (Notary Public's Signature)

\_\_\_\_\_  
 (Notary Public's Commission Expiration Date)

(Seal)