



Member Name	
Member Number	

STATEMENT OF INDEMNITY BY ATTORNEY-IN-FACT

I, _____
 agree as Attorney-in-fact for _____
 as well as for the benefit of his/her estate and for the undersigned as 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)