



POWER OF ATTORNEY AGENT'S AFFIDAVIT

Before me, a Notary Public in the State of _____ and City of _____

personally appeared _____
(Agent)

after being duly sworn, does depose state:

1. The undersigned, _____, Social Security Number _____,
(Agent)
born on _____, residing at _____,
(Agent's Birth Date) (Agent's Address)
is the Attorney-in-Fact appointed by _____
(Grantor/Principal)
in a Power of Attorney dated _____.
(Must match date on POA)

2. The undersigned declares, at the time of transacting any personal affairs upon behalf of the PenFed Credit Union member for whom I am acting, I have not received actual knowledge or any notice of the revocation or termination of said Power of Attorney in any manner whatsoever, including death, disability, or otherwise, or notice of any facts indicating the same.

3. The undersigned attests and represents any conditions in the Power of Attorney, which must be met prior to acting, have been fulfilled.

4. The undersigned will notify PenFed, its successors and assigns, if s/he becomes aware of any subsequent or future event, circumstance or fact rendering any of the foregoing statements untrue.

Agent's Name

 x
Agent's Signature

The undersigned officer does hereby certify on the _____ day of _____, _____
(Month) (Year)
before me personally appeared _____ who identified
(Agent)
him/herself as the person named in the affidavit above and who executed the foregoing instrument.

(Notary Public's Signature)

(Notary Public's Commission Expiration Date)

(Seal)