



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 Commision Expiration Date)

(Seal)