

Full Name _____ Account # _____

1. ATTORNEY IN FACT INFORMATION

Name of Attorney-in-Fact _____ SS # _____ Birthdate _____

US Citizen Resident Alien Nonresident Alien Country of Citizenship _____

Physical Address (required) _____
Street City St Zip

Mailing Address (if different) _____
Street City St Zip

Home Phone _____ Business Phone _____ Cell Phone _____

2. ATTORNEY IN FACT STATEMENT AND SIGNATURE

Attorney-in-Fact/Affiant certifies:

- That Attorney-in-Fact/Affiant has no actual knowledge or notice of revocation or termination of the Power of Attorney by death of said principal or otherwise;
- That the Principal is now alive, has not, at any time revoked said Power of Attorney and that said Power of Attorney is still in full force and effect;
- That this is a Durable Power of Attorney, or if not a Durable Power of Attorney, the Principal is not incapacitated;
- That Attorney-in-Fact/Affiant has read, understands and agrees to be bound by the terms and conditions of the Custodial Agreement and fee schedule entered into by the Principal;
- That Attorney-in-Fact/Affiant agrees to indemnify and hold harmless Community National Bank for any losses, liability, claims and costs (including reasonable attorney's fees) resulting from Attorney-in-Fact/Affiant's instructions or failure to provide instructions;
- That Attorney-in-Fact/Affiant will advise Community National Bank immediately if the Power of Attorney is revoked, modified or terminated, or when the Principal has deceased;
- That Attorney-in-Fact/Affiant agrees to only act within the powers granted by the Power of Attorney. That the Attorney-in-Fact/Affiant agrees not to exercise any powers granted by the Power of Attorney if Attorney-in-Fact/Affiant attains knowledge that it has been revoked, partially or completely terminated or is no longer valid due to death of the Principal, the appointment of a Guardian to the Principal's estate or any other condition that would affect the validity of the Power of Attorney.

Affiant: _____
Signature Date

Sworn to and subscribed before me on: _____, 20 _____.

Notary: _____
Signature

My Commission Expires: _____ (Seal)

Please send copy of Power of Attorney Document.