



DURABLE POWER OF ATTORNEY

MEMBER INFORMATION

By signing this form, I intend to create a durable power of attorney by appointing the person designated below to conduct business on my behalf relating to my membership in Andrews Federal Credit Union (“Andrews Federal”). I also attest to having the capacity to understand the nature and effect of this power of attorney.

Member Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

DESIGNATION AND POWER OF ATTORNEY-IN-FACT

I, _____ (**Member Name/Principal**), do hereby appoint _____ (**Attorney-in-Fact Name**), (whose signature appears below) as my Attorney-in-Fact, to act for me and in my name, place and stead, on my behalf, and for my use and benefit. My Attorney-in-Fact may take all actions that I could with respect to all my accounts held at Andrews Federal covered by this power of attorney, including:

1. Sign checks and make withdrawals, transfers and other transactions.
2. Endorse and cash or deposit checks or other items payable to me or otherwise.
3. Change the ownership of accounts including joint tenancy accounts and designate or change account beneficiaries (including designating the Attorney-In-Fact as such).
4. Close accounts.
5. Open additional accounts including joint tenancy accounts in my name alone, or together with my Attorney-In-Fact, or in my Attorney-In-Fact’s name alone.
6. Contract for services as may be available from Andrews Federal as the Attorney-In-Fact considers desirable.
7. Receive Andrews Federal statements, notices and other documents and act with respect to them.

8. Transact all forms of business and transactions as described above on any safe deposit boxes, including but not limited to the authority to access the box, remove and place items.
9. Transact all forms of business and transactions as described above, on any loan accounts, including the authority to open any closed-end loans (e.g., personal or auto loans) upon such terms and conditions as my Attorney-In-Fact shall deem proper, change loan terms, or close loan accounts.

Note: This power of attorney is limited to accounts at Andrews Federal and will remain in effect until Andrews Federal receives actual notice of my death; the accounts are closed; or Andrews Federal receives written revocation of this power of attorney from me. This power of attorney shall not be affected by my subsequent disability, incapacity, or incompetency. Signatures of both the Member/Principal and the Attorney-In-Fact should be witnessed and notarized in this power of attorney.

STATEMENT OF INDEMNIFICATION

I, _____ (**Member Name/Principal**), agree for myself and my legal representatives to indemnify and hold Andrews Federal 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 Andrews Federal.

_____(Signature) _____(Date)

WITNESS CERTIFICATION

By signing below, I certify I am 18 years of age or older and I saw the principal sign this power of attorney voluntarily.

_____(Signature) _____(Date)

_____(Printed Name) _____(Phone)

ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT

By accepting or acting under this appointment, I certify that I am 18 years of age or older and assume the fiduciary and other legal responsibilities of an Attorney-in-Fact. I also agree to notify Andrews Federal when I am no longer acting as an Attorney-In-Fact for the member.

_____ (Signature) _____ (Date)

_____ (Printed Name) _____ (Phone)

NOTARY CERTIFICATION

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared
_____ (**Member/Principal**) and acknowledged execution of
the foregoing as his/her free and voluntary act and deed.

Witness my hand and notary seal of office this _____ day of _____,
20 _____

Signature of Notary
(SEAL)

Commission Expires