

SAMPLE POWER OF ATTORNEY

I, _____, the undersigned, do hereby grant to _____,
(please print) (please print)

of _____, as my attorney-in-fact, to receive on
(mailing address)
my behalf information from Government Private Data Files, and to receive on my behalf all claim forms
pertaining to such information.

If any payment of an approved claim is to be sent payable to parties other than the named owner, print the
desired name and address below:

This power of attorney will expire upon receipt of the unclaimed funds or nine months from the date of
notarization of this document, whichever comes first.

(please print) Name as it appears in Government Data Files

Signature of Client

Address of Client

Social Security Number of Client

State of _____

County of _____

The affiant being duly sworn affirms and says that he or she is the signer(s) of the foregoing power of
attorney, and that he or she has read the foregoing power of attorney and understands its contents.

Subscribed and sworn to before me the _____ day of _____, of 20 _____.

(Notary Public Signature)

(Commission Expiration Date)