

Affidavit of Power of Attorney

Reset Form

AGENT (ATTORNEY-IN-FACT) NAME	AGENT (ATTORNEY-IN-FACT) VALID PICTURE ID NUMBER
AGENT (ATTORNEY-IN-FACT) ADDRESS	AGENT (ATTORNEY-IN-FACT) PHONE NUMBER
PRINCIPAL'S NAME	PRINCIPAL'S SOCIAL SECURITY/TAX IDENTIFICATION NUMBER

The undersigned, being first duly sworn on oath, or declaring under penalty of perjury, deposes and says:

1. I am the person named to act as attorney-in-fact in the attached Power of Attorney.
2. The Power of Attorney has not been modified, revoked, or otherwise terminated, and I continue to have the powers given to me as attorney-in-fact under the Power of Attorney.
3. To the best of my knowledge, the principal for whom I am acting under the Power of Attorney is still alive.
4. To the best of my knowledge, at the time the Power of Attorney was signed, the principal was competent to execute the document and was not under undue influence to sign the document.
5. The event giving rise to the Power of Attorney being effective has occurred and the steps necessary to make the Power of Attorney effective have been completed.
6. In acting under the Power of Attorney, I am acting in good faith pursuant to the authority given to me as attorney-in-fact.
7. I do not have actual knowledge of the existence of any circumstances that would limit, modify, revoke, or terminate the Power of Attorney or my authority to act under the Power of Attorney.
8. The length of time which has elapsed since the execution of the Power of Attorney shall not prevent a party from reasonably relying on the document.
9. The following applies (**please read and initial the following, if applicable**):
 - _____ I am the person named to act as successor attorney-in-fact and the circumstances or conditions stated in the Power of Attorney which cause me to become the acting attorney-in-fact have occurred.
 - _____ I am the spouse of the principal and our marriage has not been dissolved or declared invalid and we are not legally separated.
 - _____ I do have the power to make amend, alter, or revoke the principal's Wills or Codicils; or the principal's life insurance, annuity, IRA or other retirement plan, or similar contract beneficiary designations; payable on death account designation; designations of persons as joint tenants with right of survivorship; or any other provisions for non-probate transfers at death contained in non-testamentary instruments.
 - _____ I do **not** have the power to make amend, alter, or revoke the principal's Wills or Codicils; or the principal's life insurance, annuity, IRA or other retirement plan, or similar contract beneficiary designations; payable on death account designation; designations of persons as joint tenants with right of survivorship; or any other provisions for non-probate transfers at death contained in non-testamentary instruments.
 - _____ The Power of Attorney contains a requirement that it be filed for record to be effective and I have provided proof of such filing.
 - _____ The Power of Attorney does not contain a requirement that it be filed for record to be effective and a party may place reasonable reliance on it regardless of whether it is so filed.
10. **I will notify you if any of the above statements are no longer true, and until such notification, the above statements continue to be true and you can rely on those statements.**
11. I further agree that unless specifically states in the Power of Attorney, I cannot:
 - Change or alter account ownership'
 - Add or delete a beneficiary from the account;
 - Empower others to act on the Primary Member's behalf; and
 - Terminate membership (close Principal Member's share account).

AGENT (ATTORNEY-IN-FACT) SIGNATURE	DATE
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FOR NOTARY USE ONLY

State of _____, County of _____	day of _____,	NOTARY SEAL
NAME OF NOTARY (TYPED OR PRINTED)		
RESIDING AT		
I certify that I know or have satisfactory evidence that the above attorney-in-fact is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.		
NOTARY PUBLIC'S SIGNATURE	MY COMMISSION EXPIRES	

BECU
 PO Box 97050
 Seattle WA 98124-9750