

Power of Attorney Cover Sheet

Please complete the following form and return it with the Power of Attorney (POA) by fax to 703-206-2258. Include a copy of your government-issued photo ID. A representative will contact you within 24 to 48 hours to confirm receipt of your fax and further assist you.

Information of Principal (Grantor)			
Name: First	MI	Last	Suffix
Please provide one or all of the following:			
Social Security Number - -	Account Number	Access Number	

Information of Attorney in Fact (AIF)				
Name: First	MI	Last	Suffix	Access Number
Home Phone Number - -	Business Phone Number - -	Mobile Phone Number - -	Fax Number - -	
Current Home Address: Street	City	State	Zip Code	
Email Address			Best Contact Time (if other than 0700-2300 EST)	
ID Type: <i>(Please attach a copy of your ID indicated below and ensure the image is clear and legible.)</i>				
<input type="checkbox"/> Driver's License		<input type="checkbox"/> Passport		<input type="checkbox"/> State-Issued ID
<input type="checkbox"/> Other <i>(Please provide details.)</i>		ID Number _____		

Please briefly describe the actions you wish to perform on the principal's account to assist us in reviewing your POA.

Once all required information has been received and evaluated, we will keep the POA document on file until the POA is expired or revoked. If you have any further questions, please contact us anytime toll-free at 1-888-842-6328.

