

AFFIDAVIT THAT POWER OF ATTORNEY IS IN FULL FORCE

(Sign before a notary public)

STATE OF _____

COUNTY OF _____

ss.:

_____ Being duly sworn, deposes and says:

1. _____, the Principal, did, in writing, appoint me as the Principal's true and lawful ATTORNEY-IN-FACT within the Power of Attorney dated _____, _____ ("Power of Attorney").
(Month/Day) (Year)
2. I hereby represent that at the time of executing this instrument I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, including divorce if applicable, or knowledge or notice of any facts indicating the same. I further represent that the Principal is now alive and is domiciled in _____ (insert name of state, territory, or foreign country), has not, at any time, revoked or repudiated the Power of Attorney and the Power of Attorney still is in full force and effect.
3. I further represent that at the time of executing this instrument, I do not have actual notice that the Power of Attorney has been modified in any way that would affect my ability to act as agent, or notice of any facts indicating that the Power of Attorney has been so modified;
4. I hereby certify that my authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a guardian advocate. I also certify that I am acting within the scope of authority granted in the Power of Attorney.
5. If applicable, I am the successor to _____ (insert name of predecessor agent), who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act.
6. If applicable, I hereby certify that the Power of Attorney provided to FourLeaf Federal Credit Union is a true copy of the original and that FourLeaf Federal Credit Union may rely on said copy fully and completely as if FourLeaf Federal Credit Union had received the original.
7. To induce FourLeaf Federal Credit Union to act hereunder, I hereby agree that FourLeaf Federal Credit Union having received a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless FourLeaf Federal Credit Union from and against any and all claims that may arise against FourLeaf Federal Credit Union by reason of FourLeaf Federal Credit Union having relied on the provisions of said instrument.
8. I make this affidavit for the purpose of inducing FourLeaf Federal Credit Union to accept delivery of the Power of Attorney, as executed by me in my capacity as the ATTORNEY-IN-FACT, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Power of Attorney and in paying good and valuable consideration therefore, will rely upon this affidavit.

Sworn to before me on _____, _____.
(Month/Day) (Year)

Notary Public