



www.MyFortLibertyFCU.org
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PO Box 70240, Fort Liberty, NC 28307

AFFIDAVIT/ATTORNEY-IN-FACT MADE PURSUANT TO NCGS 32A-40(D)

Member Name \_\_\_\_\_

Member No. \_\_\_\_\_

Power of Attorney Affidavit

The undersigned, \_\_\_\_\_(Agent), SSN \_\_\_\_\_, born on \_\_\_\_\_ (Agent's Date of Birth), residing at \_\_\_\_\_ (Address) is the Attorney-in-fact appointed by \_\_\_\_\_ (Grantor/Principal) in a Power of Attorney dated \_\_\_\_\_.

- 1. The undersigned does hereby state and affirm the following:
a) The Power of Attorney is currently exercisable by the undersigned
b) The undersigned has no actual knowledge of any of the following:
- That the Principal is deceased
- That the Power of Attorney has been revoked or terminated, partially or otherwise
- That the Principal lacked the understanding and capacity to make and communicate decisions regarding their estate and person at the time the Power of Attorney was executed
- That the Power of Attorney was not properly executed and is not a legal, valid Power of Attorney
c) The undersigned agrees not to exercise any powers granted under the Power of Attorney if the undersigned becomes aware that the Principal is deceased or has revoked such powers.

2. Statement of Indemnity by Attorney-in-fact.

I, \_\_\_\_\_, agree as Attorney-in-fact for \_\_\_\_\_ as well as for the benefit of his/her estate and for the undersigned as Attorney-in-fact to indemnify and hold harmless Fort Liberty Federal Credit Union (FLFCU) against any loss or damage it may sustain in reliance of any Power of Attorney I may present to FLFCU, including attorney's fees, during or after termination thereof, by operation of law or otherwise, including the period before any actual notice of such termination is received by FLFCU. "Actual notice" shall be deemed received by FLFCU upon receipt of written notice of revocation of said Power of Attorney.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The undersigned officer does hereby certify that on \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally appeared \_\_\_\_\_ who identified himself/herself as the person named in the statements above and who executed the foregoing instrument.

(SEAL)

Notary Public

My Commission expires: