



# Power of Attorney Affidavit and Indemnification

Use this form to certify the validity of a Power of Attorney. The Attorney in Fact (Agent) must complete all sections and a notarized signature is required. If the Power of Attorney is to be utilized on more than one account, please submit a separate affidavit for each account. If the Power of Attorney document names multiple attorneys in fact, each must execute a separate copy of this form. If you have any questions, please contact your Broker/Dealer.

## 1 Information

Name of Individual Designated as Attorney in Fact

Over the brokerage account of (Name of Account Owner)

If a trust account: Name of the Trustee for whom the Attorney in Fact is appointed

### Attorney in Fact's Information

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Citizenship**  U.S.  Other Indicate Countries

### Legal Address - (Required Information - No P.O. Boxes)

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

### Mailing Address - (If different than Legal Address)

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

### Government ID - Foreign Citizens Only (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

Foreign National Identity Document\* Document Number  Country of Issuance

**\*Information Required** Bank Name  Account Number  Phone Number

Bank Address

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country



## 2 Affidavit and Indemnification

To: My Broker/Dealer and National Financial Services LLC ("NFS" or "You"):

I, the above-named Attorney in Fact, being duly sworn, do hereby declare under penalties of perjury that the Power of Attorney is in full force and effect, and to the best of my knowledge, I affirm that:

- 1 I am the Attorney in Fact named in the Power of Attorney executed on  (Date)  
by  ("Principal"); and
- 2 The Principal is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
- 3 A petition to determine the incapacity or to appoint a guardian for the Principal is not pending or a successor trustee has not been appointed; and
- 4 In the event that more than one Attorney in Fact is named in the Power of Attorney, I certify that I am authorized to act individually and that You may take instruction from me acting independent of all other attorneys in fact, including delivery of assets to me personally; and
- 5 I agree not to exercise any powers granted to me by this Power of Attorney if I know or have reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid due to any reason whatsoever; including, without limitation, death or adjudication of incapacity of the Principal; and
- 6 I understand that in the event of conflicting instructions given by attorneys in fact or any account owner/trustee and an attorney in fact, You may restrict the account until joint written instructions are received to your satisfaction; and
- 7 I understand that You may, in your discretion, restrict my ability to take distributions or withdrawals from the account after presentation of the Power of Attorney document; and
- 8 I agree not to give, transmit, convey or issue any instructions concerning the above-referenced account that I know, or believe are in non-compliance with or in violation of the Power of Attorney; and
- 9 For the purpose of inducing You to act upon my instructions, I do fully indemnify and hold You harmless from and against any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with my instructions or my failure to provide instructions as the Principal's Attorney in Fact; and
- 10 The Power of Attorney will remain in full force and effect until such time as written notification of termination or significant alteration is received at Your offices; and
- 11 The Principal executed the Power of Attorney while competent to do so and was not acting under duress or undue influence; and
- 12 I understand that You do not review my trading decisions or manage, supervise, or monitor trading in the Account; and

I also agree that any information given on this Power of Attorney Affidavit and Indemnification is subject to verification and I hereby authorize You to obtain a credit or other financial responsibility report about me at any time. Upon my written request, You will provide the name and address of the credit reporting agency used. I agree to be bound by all the terms and conditions set forth in the Customer Agreement, including, without limitation, the pre-dispute arbitration agreement, which governs this account. This affidavit shall be governed by the laws of the Commonwealth of Massachusetts.

I acknowledge that any alteration of this document's original terms shall be null and void and I shall be bound by the terms of the original document as set forth by You. I understand and acknowledge that You may terminate any and all agreements between us in the event that You or any of your agents and affiliates have reasonable ground to believe that the foregoing is untrue, or that this document has been altered.

Signed under penalties of perjury.

Signature of Attorney in Fact

Date

## 3 Notarization

State of , in the county of

Subscribed and sworn to before me by the above-named Attorney in Fact, who is personally known to me or who has

produced  (Type of identification) as identification, that the foregoing statements were true and accurate and made of his/her

own free act and deed, on  (Date).

**Notary Public**

Seal

My Commission Expires

### For Correspondent Use Only

I (Name)  Supervisory Principal for  
(Broker/Dealer)

have reviewed the foregoing and hereby attest to its accuracy and compliance with the Power of Attorney document. I certify to NFS that the Power of Attorney has been properly executed, is valid under applicable federal and state laws and that all instructions to NFS will comply with the terms of the Power of Attorney and any other applicable documents.

Signature

Date