

## Credit Union Power of Attorney Cover Sheet

Please complete the following form and return it with the Power of Attorney (POA). A copy of a government- or state-issued ID is required for any Attorney-in-Fact that is not a Navy Federal member. If additional information is needed, an NFCU representative will contact the Principal or Attorney-in-Fact within two (2) business days of document receipt.

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Fax: 703-206-1373

▶ Email: FAX\_POA\_Support@navyfederal.org

▶ Mail: Navy Federal Credit Union, Attn: RS Power Of Attorney P.O. Box 36460, Pensacola, FL 32526-6460

**Note:** This Cover Sheet is not a legal Power of Attorney. To avoid a delay in processing, please attach all applicable documents. Depending on where the Power of Attorney was executed (signed and notarized), additional documentation may also be required; please check your state's requirements. Examples of such documents are the Principal's Acknowledgment and the Attorney-in-Fact's Acknowledgment.

| Principal Information  |              |                  |                                |                 |                    |                          |        |
|--|--------------|------------------|--------------------------------|-----------------|--------------------|--------------------------|--------|
| Name: First  |              |                  | MI                             |                 | Last               |                          | Suffix |
|  |              |                  |                                |                 |                    |                          |        |
| Please provide one or all o  | f the follo  | wing:            |                                |                 |                    |                          |        |
| Access Number  |              |                  | Account Number                 |                 |                    | Social Security Number   |        |
|  |              |                  |                                |                 |                    |                          |        |
| Attorney-in-Fact Info  | rmation      |                  |                                |                 |                    |                          |        |
| Access No.   | Name: First  |                  | MI                             |                 | Last               | Suffix                   |        |
| Mailing Address: Street  |              | City             |                                | State           | e                  | Zip Code                 |        |
|  |              |                  |                                |                 |                    |                          |        |
| Contact No.  |              | Alt. Contact No. |                                |                 | Email Address      |                          |        |
| If non-member, please also   | provide      | the following    | information:                   |                 |                    |                          |        |
| Date of Birth Social Security Number   |              |                  |                                |                 |                    |                          |        |
|  |              |                  |                                |                 |                    |                          |        |
| ID Type: Please include a copy   | of your non- | expired govern   | nment- or state-issued ID sele | ected below a   | nd ensure the imag | ge is clear and legible. |        |
| Driver's License No  |              |                  |                                |                 |                    |                          |        |
| State-Issued ID No.  |              |                  |                                |                 |                    |                          |        |
| You must select "Yes" or "   | No" for ea   | nch question     | below:                         |                 |                    |                          |        |
| Has anyone been court-appoint Has anything happened to void Note: Appointment of a Guardia | the Power    | of Attorney (e.g | ., Power of Attorney revoked   | d, Principal de | eceased)?          | Yes No                   |        |
| Please describe your in  | tentions     | for use of       | the Power of Attorr            | nev docun       | nent.              |                          |        |
| ,,,,,  |              |                  |                                | ,               |                    |                          |        |
|  |              |                  |                                |                 |                    |                          |        |
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|  |              |                  |                                |                 |                    |                          |        |
|  |              |                  |                                |                 |                    |                          |        |

If you have any questions, please contact us anytime toll-free at 1-888-842-6328.

