



# AGENT VERIFICATION AND INDEMNITY AGREEMENT

(FOR USE WITH A POWER OF ATTORNEY DOCUMENT)

## INSTRUCTIONS:

STEP 1 - Please complete sections 1 and 2 with corresponding Member and Agent Information.

STEP 2 - Agent must sign section 3 (on page 2).

STEP 3 - Return this Verification along with a copy of an acceptable form of identification (driver's license or state-issued identification).

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## 1. MEMBER/PRINCIPAL INFORMATION

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NAME OF PRINCIPAL

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

DATE THE PRINCIPAL SIGNED THE POWER OF ATTORNEY (POA)

The above-referenced POA is incorporated by reference and made a part hereof to this Agent Verification and Indemnity Agreement (the "Verification").

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## 2. AGENT INFORMATION

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In compliance with the USA PATRIOT Act of 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account. You have been named Agent to act on behalf of the above-referenced Member pursuant to the POA identified above. In order for PSECU to process your request to act as Agent, you must provide your name, address, telephone number, date of birth and Social Security number. **We will also require that you provide us with an acceptable form of identification (driver's license or state-issued identification).** This information will be verified to ensure your identity as required by the USA Patriot Act.

AGENT'S NAME (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

TELEPHONE NUMBER (WITH AREA CODE)

RESIDENTIAL ADDRESS

CITY

STATE

ZIP

Please select one box below:

- I am a U.S. Citizen
- I am a permanent resident alien.
- I am not a U.S. Citizen or permanent resident alien.

For non-U.S. citizens, in addition to the ID documents, please provide copies of your documentation of citizenship status (entry documents received upon arrival in the U.S. or other documentation of permanent status change), along with appropriate tax certification (Social Security card and/or W-8BEN)

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### 3. AGENT VERIFICATION AND INDEMNITY AGREEMENT

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COMMONWEALTH (OR STATE) OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, as the Agent identified above, hereby state the facts set forth below are true and correct to the best of my knowledge, information and belief.:

I represent that the Member identified above, as Principal, and who resides at the address stated above, did execute the POA referenced above on the date stated above thereby appointing me as his/her/their true and lawful Agent.

I understand that this Verification must be completed and submitted to PSECU for evaluation as to whether PSECU will recognize my authority to act as Agent and that I will be advised of the outcome of that evaluation. If I am authorized by PSECU to act as Agent pursuant to the POA, I understand and agree that PSECU may rely in good faith on this Verification, and I further agree to indemnify and hold PSECU harmless from any and all liability, including but not limited to legal actions brought against PSECU, pursuant to PSECU's reliance on this Verification.

I understand and agree that any information provided by PSECU relative to the POA and to this Verification is not to be relied upon as legal advice, and that PSECU makes no representations regarding the validity of the POA. By my voluntary act of submitting this Verification to PSECU, and intending for PSECU to fully rely on this Verification and the validity of the POA for purposes of serving its Member, the Principal, I hereby represent and affirm that prior to executing this Verification I have either received legal advice from an attorney licensed in the jurisdiction in which the POA was executed confirming that the POA is legally valid in that jurisdiction or, in the alternative, that I have had full opportunity to seek legal advice and have knowingly decided not to do so and hereby fully agree to accept all responsibility for PSECU accepting and relying on the POA and this Verification.

I further certify and represent that the Principal is alive and has not revoked, repudiated, terminated or limited the POA in any way and that the POA is currently in full force and effect. I certify and represent that I have no actual knowledge or notice of any termination or revocation of my status as Agent or of the POA, and that if the Principal is my spouse that there has been no filing of any divorce action or decree or annulment or dissolution of marriage. I do hereby further certify and represent that if the POA is not durable that the Principal is not currently disabled or incapacitated in any manner.

I hereby further certify that (a) I am the person identified in the POA as the Agent, (b) I am not legally incapacitated, (c) I have not resigned as Agent, (d) I agree to act for and on behalf of the Principal in accordance with the Principal's reasonable expectations to the extent actually known by me and, otherwise, in the Principal's best interest, (e) I agree to act in good faith, and, (f) I agree to act only within the scope of authority granted to me by the Principal in the POA.

I further certify, under penalty of perjury, that the information I have provided herein is true and accurate, specifically including any personal information and any factual matter concerning the Principal, and that it is provided with the intent that PSECU will rely on same.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE