



To: Nuvision Federal C.U. d/b/a Denali.
A Division of Nuvision Credit Union

Regarding Member: _____
Account(s): _____

I certify under penalty of perjury that:

1. I have been appointed and am currently serving as the Attorney in Fact for the above referenced individual pursuant to the validly executed power of attorney attached hereto.
2. The power of attorney authorizes me to (withdraw from, make deposits to, draw checks and other debits upon, make payments on) the above referenced account until such time as I provide written notice to the Credit Union to the contrary. I represent that I have no knowledge of the revocation or termination of the power of attorney, including but not limited to, by reason of revocation, incapacity (if not a durable power of attorney) or death of the above referenced individual. I agree to notify the Credit Union in writing immediately if I obtain actual knowledge of the termination or revocation of the power of attorney.
3. I hereby agree to indemnify and hold the Credit Union harmless from any and all claims, suits, actions, damages, judgments, costs, charges, and expenses, including court costs and attorneys' fees, against any and all liability, loss and damage of any nature whatsoever that the Credit Union shall or may sustain resulting from its reliance upon the attached power of attorney and the transaction of any business related to the above referenced account(s) pursuant thereto. I also agree to pay any necessary expenses, attorneys' fees or costs incurred in the enforcement of this paragraph.

Typed Name (Attorney in Fact)

Social Security Number (Attorney in Fact)

State Issued DL/ID and Expiration (Attorney in Fact)

Date of Birth (Attorney in Fact)

Street Address (Attorney in Fact)

Daytime Phone (Attorney in Fact)

City State Zip

Email Address (Attorney in Fact)

Signature of Attorney in Fact

Attorney in Fact (Member Name)

Signature of Credit Union Witness

Date

If form not witnessed and signed by Credit Union Employee, form must be notarized below.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Alaska

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____

by _____ proved to me on this basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____