

PRINCIPAL'S NAME – ATTORNEY-IN-FACT FOR (FIRST, MIDDLE, LAST):		SR. / JR. :
MEMBERSHIP NUMBER:		SHARE IDS:
SECTION 1	<p>I certify, affirm and declare under penalty of perjury under the laws of the State of California that:</p> <p>1. I have been appointed and I am currently serving as the Attorney-in-Fact for the above referenced individual pursuant to the validity of the Power of Attorney attached hereto.</p> <p>2. I certify that the attached Power of Attorney has not been revoked or terminated and is still in effect. I agree to immediately notify SkyOne Federal Credit Union in writing if I obtain actual knowledge of the termination or revocation of the Power of Attorney, for any reason, including but not limited to, by reason of revocation and/or the, incapacity or death of the above referenced individual (the Principal/ Member).</p> <p>3. I understand and agree that SkyOne Federal Credit Union shall have no liability whatsoever to the principal or to any other person acting pursuant to my direction.</p> <p>4. I hereby agree to indemnify, defend and hold SkyOne Federal Credit Union, its officers, directors, employees and agents (collectively, "Representatives") harmless from and against any and all claims, suits, demands, actions, damages, judgments, costs, charges and expenses, including cost and attorneys' fees, against any and all liability, loss or damage of any nature whatsoever that SkyOne Federal Credit Union and/or its Representatives shall or may sustain 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 and all necessary expenses, attorneys' fees and/or costs incurred by SkyOne Federal Credit Union and/or its Representatives in the enforcement of this Affidavit.</p>	
	Attorney-in-Fact Name:	
	Attorney-in-Fact Signature:	Date:
	Accepting Department:	
CU ONLY	Manager Name:	Manager Signature: