



Agent Certification to Power of Attorney

State of _____
County of _____

I, _____ (Name of Agent) ("Agent"), certify under penalty of perjury that _____ (Name of Principal) ("Principal") granted me authority as an agent or successor agent in a power of attorney dated _____ ("Power of Attorney").

I further certify that to my knowledge:

1. The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
2. The actions that I request SAFE Federal Credit Union to take at all times is/will be within the scope of my authority granted under the Power of Attorney;
3. If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred; and
4. If I was named as a successor agent, the prior agent is no longer able or willing to serve.

Agent Name: _____

Agent Address: _____

Agent Telephone Number: _____

Agent Signature

Date

This Certification of Agent was signed in my presence on _____ (date)

By _____ (Agent Name).

My commission expired on: _____ (date).

(Seal, in any)

Notary Signature