

STATE OF _____)
)SS:
COUNTY OF _____)

I, _____, Attorney-in-fact under a Power of Attorney executed by _____
(hereinafter "principal" on the _____ day of _____, _____ do hereby make the following representations
pursuant to the authority granted to me in the Power of Attorney, which representations are intended by the principal as conclusive evidence
of the following facts:

1. The Power of Attorney attached hereto is a true and correct copy of the original.
2. The principal was competent at the time the Power of Attorney was executed, all of the powers granted to me in the Power of Attorney
attached to this affidavit are currently in effect and;
 - A. (_____) the principal remains competent.
 - B. (_____) the principal is presently incompetent.

***(Attorney-in-fact must initial a corresponding statement above to complete this sentence. If neither space is initialed, the affidavit will
be interpreted as though option "B" were selected. If option "B" is selected evidence, of disability or incapacity as required by the Power
of Attorney document or state statute, must be provided.)***

3. The action which I am taking on behalf of the principal pursuant to which you have been instructed to act is within the scope of my
authority under the Power of Attorney.
4. To the best of my knowledge the Power of Attorney has not been revoked or terminated.
5. My authority as Attorney-in-fact continues to be effective and no person acting on my instructions shall incur any liability to the princi-
pal, his estate, his heirs or assigns nor shall any person be responsible to ensure my proper application of any funds or property which
may be transferred into my hand pursuant to this Power of Attorney.
6. I make this affidavit for the purpose of inducing Equity Trust Company to act upon instructions that I have given to said company in my
capacity as attorney-in-fact for the above-named principal.
7. To the best of my knowledge, the principal is alive and no guardian or conservator has been appointed for the principal.

IN WITNESS WHEREOF, I have hereunto fixed my signature to this affidavit on this the _____ day of _____, _____.

Affiant/Attorney-in-fact

Before me, a Notary Public in and for said County and State, personally appeared the above-mentioned Affiant, _____,
who acknowledged that he/she did sign the foregoing affidavit and that the same is his/her free act and deed. In Testimony whereof, I have
hereunto subscribed my name and affixed my official seal at _____, _____ this _____ day of
_____, _____.

Notary Public

Identification of Attorney-in-Fact for Power of Attorney

As the Attorney-in-Fact (AIF) named in the Power of Attorney for the Equity Trust Company account owned by _____, (name of account owner) I am providing the information required as "points of identification" to verify my identity. I understand this information will be used along with other information to allow access to information on the account, for the benefit of the above named account owner.

AIF Name _____

AIF Social Security Number _____

AIF Date of Birth _____

AIF Home Mailing Address (city, state, zip code) _____

AIF Primary Telephone Number _____

AIF Signature _____

Date _____

Please mail completed form to Equity Trust Company, P.O. Box 45274, Westlake, OH 44145

If you have any questions regarding the completion of this form, please contact our Client Contact Center at 800-209-9010.