

AGENT AFFIDAVIT AND INDEMNITY AGREEMENT

STATE OF _____

COUNTY OF _____

WHEREAS, a Power of Attorney was granted unto _____
 (“Agent”) by _____ (“Principal”)
 on the ____ day of _____(month), ____ (year), granting Agent the power
 to act on behalf of the Principal in his/her dealings with Northwest Federal Credit Union
 (the “Credit Union”), along with other powers; and

WHEREAS, the Agent wishes the Credit Union to rely upon said Power of Attorney and to
 allow him/her to act on behalf of the Principal;

NOW, THEREFORE, in consideration of the premises, and under oath the undersigned agrees as
 follows:

1. The Agent agrees to indemnify and to hold harmless the Credit Union, its officers,
 employees and agents from any loss, claims or damages, including reasonable attorney’s
 fees, arising from its actions relying on the above referenced Power of Attorney.
2. The Agent personally appeared before the undersigned authority and swore or affirmed
 that:
 - (a) Agent is the Attorney-in-Fact named in the Power of Attorney executed by the
 Principal on the date stated above.
 - (b) To the best of Agent’s knowledge after diligent search and inquiry:
 - 1) The Principal is not deceased, has not been adjudicated otherwise
 become incapacitated, and has not revoked, partially or completely
 terminated, or suspended the Power of Attorney; and
 - 2) A petition to determine the incapacity of or to appoint a guardian for the
 Principal is not pending.
3. Agent agrees not to exercise any powers granted by the Power of Attorney if Agent
 attains knowledge that it had been revoked, partially or completely terminated, void,
 suspended, or is invalid because of the death or adjudication of the incapacity of the
 Principal or otherwise by operation of law.

Agent's Printed Name: _____

Agent's Address: _____

Agent's Social Security Number: _____ Agent's Date of Birth: _____

Agent's Telephone Number: _____

Driver's License/Government Issued Photo ID*:

State: _____ ID Number: _____

Agent's Signature (Attorney-in-Fact)

Date

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this ____ day of _____, 20 _____,
by _____, who is personally known to me or who has
produced _____ as identification and who did take an oath.

My Commission Expires:

Signature: _____

Printed Name: _____

Title: _____

Serial Number (if any): _____

*Please attach a copy of your driver's license/government issued photo identification