



Request to Establish Power of Attorney (POA)

Power of Attorney (POA) is a document that authorizes a party (the Attorney-in-Fact, or AIF) to act on behalf of someone else (the Principal). Any primary account owner or joint account owner on a consumer account may appoint an AIF to act on their behalf at BECU.

Help us to quickly process your request to establish power of attorney by providing a few things to get started:

- POA document appointing you as the AIF
- Print and complete the Certificate of Power of Attorney located on becu.org
- Gather the required documents and information (see below).

Documents required:

- Notarized BECU Certificate of Power of Attorney
- POA documentation (a copy of this document is acceptable)
- A copy of the AIF's valid picture ID (for mailed or faxed requests only)

Important information about establishing a power of attorney:

- The Principal's Social Security number (SSN) or Taxpayer Identification number (TIN) is required.
- In Washington state, the POA document must have two witness signatures and/or be notarized acknowledging the Principal's signature. There are four main types of POA:
 - Durable: The AIF's granted powers stay in effect if or when the Principal becomes disabled or incapacitated.
 - Non-Durable: The AIF's granted powers are terminated upon disability or incapacitation of the Principal.
 - Springing: The POA only goes into effect when a specific, triggering event occurs, such as the Principal becoming incapacitated (additional documentation may be required).
 - Limited: Grants specific and limited authority to the AIF.
- If the original AIF is unable or unwilling to serve, BECU will require additional documentation prior to adding or changing the AIF.
- If more than one AIF is listed, the POA must grant the ability to act independently of one another.
- In South Carolina, the POA must be recorded with the county registrar office before it is valid for banking and financial matters. It also requires two witnesses and a notarial act to be recorded. The AIF and Principal must have valid forms of identification.
- If you have specific questions about your authority under the POA and the rights and access it allows, please seek legal advice.

What's next?

Return the completed application, required documents, and information by one of the following:

- In person to any BECU location. To find a location near you, visit [All BECU Locations](#).
- Fax to 206-805-5612.
- Mail to:

BECU
Account Servicing M/S 1094-2
PO Box 97050
Seattle, WA 98124-9750

Once we have received your request, a representative may contact you to review the information provided. If you have any questions, please call a BECU representative at 800-233-2328. You can also send us a secure message using Messenger in Online and Mobile Banking.

CERTIFICATE OF POWER OF ATTORNEY



1. Attorney-in-Fact Information

ATTORNEY-IN-FACT NAME				SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
ADDRESS				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MAILING ADDRESS				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED

2. Principal Information

PRINCIPAL NAME	SSN / TIN
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3. Attorney-in-Fact Affidavit

1. I am the person named to act as Attorney-in-Fact in the attached Power of Attorney or I am the person named to act as successor Attorney-in-Fact and the circumstances or conditions stated in the Power of Attorney which cause me to become the acting Attorney-in-Fact have occurred.
2. To the best of my knowledge the Principal is still alive, and, at the time the Power of Attorney was signed, the Principal was competent to execute the document and was not under undue influence to sign the document.
3. All events necessary to making the Power of Attorney effective have occurred.
4. I have no actual knowledge that the Power of Attorney, or my authority as the Attorney-in-Fact, has been revoked, terminated, limited, or modified, and I continue to have all the powers given to me as Attorney-in-Fact under the Power of Attorney.
5. I have no actual knowledge of the existence of other circumstances that would limit, modify, revoke, or terminate the Power of Attorney or my authority to take the actions as I propose to BECU from time to time and my authority to initiate withdrawals from and deposits to any and all accounts owned by the Principal.
6. I was / was not married, or a registered domestic partner, to the Principal at the time of execution of the Power of Attorney.
7. **[Answer only if applicable]** At the time of signing this affidavit, the marriage or registered domestic partnership has / has not been dissolved; we are / are not legally separated.
8. I am acting in good faith pursuant to the authority given to me as Attorney-in-Fact under the Power of Attorney.

I, _____ (Attorney-in-Fact) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE	DATE	PLACE
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4. Attorney-in-Fact Instructions and Acknowledgment

1. I acknowledge that unless specifically stated in the Power of Attorney, I cannot: 1) change or alter account ownership; 2) add or remove a beneficiary from a deposit or IRA account; 3) empower others to act on the Principal's behalf.
2. I acknowledge and agree that BECU may receive information about my credit history and performance from others, including credit reporting agencies.
3. I acknowledge and agree that the Power of Attorney does not prevent the Principal from accessing and managing his or her accounts.
4. I acknowledge that I may have access to the Principal's accounts by way of my BECU Online Banking.
5. I will notify BECU if any of the above statements are no longer true, and until such notification, the above statements continue to be true and BECU can rely on those statements.

ATTORNEY-IN-FACT SIGNATURE

5. Notary Public

STATE OF	COUNTY OF	DAY OF	NOTARY STAMP
NAME OF NOTARY (typed or printed)			
RESIDING AT			
I certify that I know or have satisfactory evidence that the above-named person is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.			
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	

BECU Use Only

<input type="checkbox"/> OFAC completed for the Professional Organization <input type="checkbox"/> OFAC completed for each Agent <input type="checkbox"/> IDV completed for each Agent <input type="checkbox"/> OFAC completed for each Principal <input type="checkbox"/> IDV completed for each Principal <input type="checkbox"/> Qualifile completed for each Principal	
BECU Rep Initials	DATE

**Return the completed form in person to any BECU location or by mail to:
 BECU Mail Stop 1094-2 PO Box 97050 Seattle, WA 98124-9750 or by fax to 206-805-5612
 To find a location near you, visit becu.org/locations**