



**ATTORNEY IN FACT
MEMBER IDENTIFICATION FORM**

Andrews Federal requires collection of identifying information when accepting a Power of Attorney to ensure the identity of the Attorney in Fact and principal named in the document.

Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

Primary ID: _____ **/State & Expiration date:** _____
(Driver's License, Passport-to include State or Country of issuance)

Secondary ID: _____ **/State & Expiration date:** _____

Thank you for your cooperation.

Sincerely,

Andrews Federal Credit Union