



**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.

\_\_\_\_\_

Member/Principal Name \_\_\_\_\_

Member Account Number(s) \_\_\_\_\_

Attorney-In-Fact Name \_\_\_\_\_

Relationship to Member/Principal \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary ID \_\_\_\_\_ / State & Expiration \_\_\_\_\_

(Driver's License, Passport to include State of Country of issuance)

Secondary ID \_\_\_\_\_ / State & Expiration \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**