

POWER OF ATTORNEY AFFIDAVIT

This Power of Attorney (POA) Affidavit is entered into by the agent(s) or attorney(s)-in-fact (Agent) identified below.

To the best of my/our knowledge, information and belief, the principal entered into this Power of Attorney on _____ (mm/dd/yyyy) while legally competent to perform such an act.

Further, by signing below, I/we attest that:

- The principal is still alive.
- The POA remains in full force and effect, and has not been revoked by the principal, or by operation of law, including through divorce, disability, or incapacity of the principal.
- I/we will at all times act in the best interests of the principal, and further, will not engage in conflicts of interest with respect to the principal's account(s).
- I/we release, hold harmless and indemnify Jenius Bank, a division of SMBC MANUBANK from and any and all liability, including liability to the principal, their estate, and heirs at law, resulting from my instructions under the POA.
- I/we submit this affidavit in order to induce Jenius Bank to accept the POA and my authority thereunder.

[Remainder of the Page is Left Intentionally Blank; Signature Page(s) Follow]

For more information on how Jenius Bank collects, processes and protects your personal information, please see our Online Privacy Policy which can be found at www.jeniusbank.com/privacy.

Enter the information for each Agent. If more than one is named, each Agent must execute this affidavit.

Signature of Agent

Date

Full Name (including middle name):

Date of Birth:

Email Address:

Physical Address:

Cell Phone Number:

By providing your number to Jenius Bank, you consent to receiving calls and text messages for authentication and servicing purposes. Message and data rates may apply.

4-Digit PIN:

Certificate of Acknowledgement of Notary Public

State/Commonwealth of _____
County of _____

On _____ before me, _____ (name and title of officer), personally appeared _____ who provide to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged by me that he/she/they executed the same in his/her/their authorized capacity , and that by his/her/their signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Signature

(Seal)

Signature of Agent

Date

Full Name (including middle name):

Date of Birth:

Email Address:

Physical Address:

Cell Phone Number:

By providing your number to Jenius Bank, you consent to receiving calls and text messages for authentication and servicing purposes. Message and data rates may apply.

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WITNESS my hand and official seal.

Signature

(Seal)