

Power of Attorney Customer Identification

Insured Name _____

Contract Number(s): _____

The US PATRIOT Act requires financial institutions verify the identity of its customers and individuals authorized to act on behalf the customer on a policy. As an authorized person to the policy referenced above USFL needs to collect the following information to verify the identity of the Attorney-in-Fact(s), the individual(s) named in the submitted Power of Attorney document.

Attorney-in-Fact Name _____
First Middle Last_____
DATE OF BIRTH_____
SSN/TIN/EIN#_____
GOVERNMENT ISSUED PICTURE
ID TYPE_____
GOVERNMENT ISSUED PICTURE ID NUMBER_____
RESIDENTIAL STREET ADDRESS_____
CITY_____
STATE_____
ZIP CODE_____
DAYTIME PHONE NUMBER_____
EMAIL ADDRESS_____
DATE_____
SIGNATURE OF ATTORNEY IN-FACTAttorney-in-Fact Name _____
First Middle Last_____
DATE OF BIRTH_____
SSN/TIN/EIN#_____
GOVERNMENT ISSUED PICTURE
ID TYPE_____
GOVERNMENT ISSUED PICTURE ID NUMBER_____
RESIDENTIAL STREET ADDRESS_____
CITY_____
STATE_____
ZIP CODE_____
DAYTIME PHONE NUMBER_____
EMAIL ADDRESS_____
DATE_____
SIGNATURE OF ATTORNEY IN-FACT