

Power of Attorney Form

This form is to document the designation of one or more individuals to handle financial or other decisions on behalf of the account holder. Submit this form with the supporting Power of Attorney documents. Power of Attorney documents must be notarized, if required by state law.

*=Required Fields

Step 1: Participant Information

<input type="text"/>	<input type="text"/>
*Employer Name or Employer Sponsoring Benefits (Do not abbreviate)	*Employee Date of Birth
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Participant Name (First, MI, Last)	*Social Security Number

Step 2: Attorney-in-Fact Information

Provide the information of the person who is given the power of attorney for financial and other decisions, per the supporting documents.

*=Required Fields

<input type="text"/>	<input type="text"/>		
*Name	*Phone Number		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
*Street Address (Including Unit or Apartment #)	*City	*State	*Zip
<input type="text"/>			
*Email Address			

Step 3: Signature

I certify that I am an attorney-in fact for , as evidenced by a true and correct copy of a written Power of Attorney which I am submitting as part of this Aptia Power of Attorney Form. I further certify to the best of my knowledge that the written Power of Attorney I am submitting has not been revoked by , and it remains in full force and effect.

<input type="text"/>	<input type="text"/>
*Attorney-in-Fact Signature	*Date