

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-FACT

 Attorney-in-Fact Name _____
First
Middle
Last

 DATE OF BIRTH SSN/TIN/EIN#

 GOVERNMENT ISSUED PICTURE ID TYPE GOVERNMENT ISSUED PICTURE ID NUMBER

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