

# Power of attorney packet

Additional information and documentation is needed when using a power of attorney for a personal loan. Please carefully review and complete the enclosed documents and return the required documentation as outlined below.

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As the attorney-in-fact (or “Agent”) under a power of attorney, please complete and submit the following required documentation:

- Power of Attorney Submission Cover Sheet (enclosed),
- Notarized Attorney-in-Fact Affidavit (enclosed),
- Documentation to verify your identity (ONLY required if principal is incapacitated), and
- A copy of the power of attorney document.

If the Principal is incapacitated (see Section B of Power of Attorney Submission Cover Sheet), you will need to provide the following additional documentation to verify your identity (both are required):

- A copy of a document to verify your Social Security number, which could be a:
  - Social Security card, **or**
  - Form W-2 Wage and Tax Statement
- A copy of a document to verify your name, address, and date of birth, which could be a:
  - Driver’s license,
  - State ID card,
  - Military ID, **or**
  - US government-issued alien ID card

The completed documents and required documentation can be submitted by mail, email, branch or fax to:

- Mail: Wells Fargo Bank, N.A., 2800 South Price Road , Bld. D, 3<sup>rd</sup> Floor, Chandler, AZ 85286
- Email: [PLGDocVer@wellsfargo.com](mailto:PLGDocVer@wellsfargo.com)
- Branch: Visit your nearest Wells Fargo location
- Fax: 1-877-722-5232

For more information regarding an agent’s role and responsibilities, please refer to the Consumer Financial Protection Bureau’s guide entitled “Help for agents under a power of attorney,” which is located under the “Power of Attorney” heading at: [Help for agents under a power of attorney](#). If you will be acting as an agent under a power of attorney governed by Georgia, Illinois, Oregon or Virginia state law, please refer to the appropriate state-specific guide.

If you have questions, please call 1-877-592-7298, Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Time. For those with hearing or speech disabilities, we accept telecommunications relay service calls.

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# Power of Attorney Submission Cover Sheet

Please complete all applicable sections of this form and submit it with the other required power of attorney documents. Incomplete submissions may cause processing delays and/or result in a denial of power of attorney or the application.

## A. Principal information:

The "Principal" is the applicant or account holder (the person for whom the Agent will be acting).

Today's date		Application number	
Principal name (first, middle, last)			
Principal street address			
City	State	Zip code	
Principal phone number	Principal date of birth	Principal Social Security number	

## B. Capacity information:

<p>Does the Principal being represented by you have the ability to understand, retain, and weigh the information pertaining to this application and can they communicate their decision?</p> <p>(You must select Yes or No):</p> <p><input type="checkbox"/> No- complete Section C</p> <p><input type="checkbox"/> Yes - do NOT complete Section C</p>
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## C. Agent information:

Complete ONLY if answer in Section B is "No" and provide documentation listed on page 1 to verify your identity.

The "Agent" is the person who will be using the power of attorney to act on the Principal's behalf.

Agent name (first, middle, last)		
Agent street address		
City	State	Zip code
Agent phone number	Agent date of birth	Agent Social Security number
Agent citizenship status (check one) <input type="checkbox"/> United States citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident		Country of citizenship



# Attorney-in-Fact Affidavit

I, \_\_\_\_\_ having a mailing address of \_\_\_\_\_  
\_\_\_\_\_ being duly sworn, hereby make the following statements based upon my personal knowledge:

1. I am the Attorney-in-Fact/Agent under a power of attorney from \_\_\_\_\_ (the Principal), which power of attorney is dated \_\_\_\_\_, \_\_\_\_\_ (insert the date the power of attorney document was signed by the Principal).
2. As of the date I sign this affidavit (shown next to my signature below):
  - The power of attorney has not been amended, revoked or terminated by the Principal;
  - The Principal has not died;
  - If I am the spouse of the Principal, no action for divorce, annulment or separation has been commenced by me or the Principal; and
  - A guardian has not been appointed for the Principal.
3. I have examined the legal description(s), if any, attached to the power of attorney and certify that the description(s) have not been changed, replaced, or amended subsequent to the signing of the power of attorney by the Principal.
4. I make this affidavit with the intention that it be relied upon by Wells Fargo Bank, N.A. ("Wells Fargo"), in connection with a loan to the Principal (the "Transaction").
5. For purposes of the Transaction, I understand that Wells Fargo will continue to rely on the representations contained in this affidavit after the loan is opened. I will promptly notify Wells Fargo of any future modification to or revocation or termination of the power of attorney by the Principal.
6. I certify that I am submitting a true and correct copy of the original power of attorney.

I declare under penalty of perjury that the information I have provided in this affidavit, the Power of Attorney Submission Cover Sheet and to Wells Fargo in any other way in connection with the Transaction is true and correct. **I understand that knowingly submitting false information on this affidavit could subject me to civil and/or criminal prosecution.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_ (signature of Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_ Date \_\_\_\_\_

This document was acknowledged and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ (insert name of the person signing the affidavit).

Signature of notarial officer: \_\_\_\_\_  
Printed name of notarial officer: \_\_\_\_\_  
Commission expires: \_\_\_\_\_  
(place seal of notary in the space below)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.