

**POWER OF ATTORNEY
ATTORNEY-IN-FACT VERIFICATION**
Institutional Advisor Services



General Instructions: To associate a power of attorney with a Trust Company of America (TCA) account, complete this form and attach a copy of the power of attorney.

SECTION 1: Account Information

First / Middle Name	
Last Name	
Account Number	Type of Account

SECTION 2: Attorney-In-Fact Information

First / Middle Name		
Last Name		
Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
Address 1		
Address 2		
City	State	Zip

SECTION 3: Authorized Signature

By signing below I certify that I am the appointed attorney-in-fact for the owner of the account listed above and that all information provided on this form is true and correct. By signing below, I agree to the terms and conditions under which the account listed above is established and maintained and I authorize Trust Company of America to rely on my signature set forth below.

Attorney-In-Fact Signature	Date
Attorney-In-Fact Printed Name	

Witnessed by a Notary Public

Subscribed and sworn before me this
_____ day of _____, 20____

Notary Signature_____

State of_____

My commission expires_____

(Seal)

