

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



General Instructions: To associate a power of attorney with an E*TRADE Advisor Services account, complete this form and attach a copy of the power of attorney.

Print or type all entries. To type entries, a fillable PDF of this form can be found online at www.etrade.com/advisorservices/advisorforms

SECTION 1: Account Information	
First / Middle Name	
Last Name	
Account Number	Type of Account

First / Middle Name		
Last Name		
Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
Address 1 <small>Residential Street Address Required – No PO Boxes</small>		
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 E*TRADE Advisor Services 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)

