

**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](http://www.etrade.com/advisorservices/advisorforms)

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

SECTION 2: Individual information		
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	
<p><b>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.</b></p>	
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)

