



# United Savings Bank

## NOTICE

### DURABLE LIMITED POWER OF ATTORNEY FOR BANKING TRANSACTIONS

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA C.S. CH.56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE, AND I UNDERSTAND ITS CONTENTS.

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PRINCIPAL

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DATE



# United Savings Bank

## DURABLE LIMITED POWER OF ATTORNEY FOR BANKING TRANSACTIONS

### INTRODUCTION

This form has been prepared and circulated by the Philadelphia Bar Association as a convenience to the public and as a service to members of the Bar and their clients. The form is specifically designed so that one or more account holders at a particular financial institution named in the form can appoint one or more attorneys-in-fact over accounts at that financial institution. This form does not apply to safe deposit boxes; a separate similar form is available for that purpose. A form for revoking this power of attorney appears on the reverse side.

I/We, \_\_\_\_\_, appoint \_\_\_\_\_, whose signature(s) appear(s) on the reverse side of this form, my/our attorney(s)-in-fact (who shall be referred to in this document as "attorney") for and in my/our name(s) and with respect to those deposit and loan accounts specified in choice 1 below (hereinafter "accounts") at \_\_\_\_\_ (the "Institution").

### CHOICES BY DEPOSITOR(S)

**Choice 1 - All Accounts or Designated Accounts:** The depositor(s) must determine if this form will apply to all accounts now owned or later acquired at the Institution or is instead to apply only to designated accounts. Check one of the following boxes to indicate your choice. If no box is checked, Box A will apply.

- A.  This power of attorney shall be effective with respect to all accounts now owned or hereafter acquired in the name(s) of the depositor(s) executing this power.
- B.  This power of attorney shall be effective only with respect to accounts listed on the reverse side.

**Choice 2 - Exercise of Power of Attorney Where More Than One Attorney is Named:** If more than one attorney is appointed hereunder, the depositor(s) must determine whether each attorney may act solely or must instead act jointly. Check one of the following boxes to indicate your choice. If no box is checked, box A will apply.

- A.  If more than one attorney is appointed hereunder, any one of the attorneys may act solely.
- B.  If more than one attorney is appointed hereunder, both or all must act jointly

### GRANT OF POWERS

The attorney shall have the power to:

1. Sign checks, drafts, orders, notes, bills of exchange and other instruments ("items") or otherwise make withdrawals from designated checking, savings, transaction, deposit, loan, or other account(s) in my/our name(s) at the Institution and endorse items payable to me/us and receive the proceeds in cash or otherwise;
2. Open and close such account(s) in my/our name(s), purchase and redeem any savings certificate, certificate of deposit or similar instrument in my/our name(s) which I/we designated in Choice 1 above, and execute and deliver receipts for any funds withdrawn or certificate redeemed;
3. Deposit any funds received for me/us in my/our designated accounts in the Institution.
4. Do all acts regarding such checking, savings, transaction, deposit, loan, or other account(s), savings certificate of deposit or similar instrument, which I/we designated in Choice 1 above, the same as I/we could do if personally present; and
5. Sign any tax information or reporting form required by federal, state or local taxing authorities, including but not limited to any Form W-9 or similar form.

### LIMITATION OF POWERS

1. Except as provided in paragraph 2 below, the Institution may continue to rely on this power of attorney until it receives written notice from me/us that this power of attorney is revoked or actual notice of

my/our death. Further, the Institution shall be indemnified and held harmless by me/us and my/our estate(s), personal representatives and heirs against any liability or loss, including lawyers' fees, costs of suit, and claims of third parties, which it might incur by relying on this power after termination by revocation or death but before it receives actual notice thereof, or at any time because of wrongful acts, omissions or representations of the attorney concerning transactions covered by this power of attorney.

2. If an account is a joint account, this power of attorney shall continue to be effective after the death of any of the undersigned until formally revoked by the survivor of us, and the revocation of this power of attorney by any depositor shall be binding on all depositors.

3. The Institution reserves the right to refuse to accept this power of attorney.

4. The attorney shall be subject to whatever rules and regulations of the Institution to which I/we would be subject.

5. If this power of attorney is executed by more than one depositor the attorney shall act only with respect to accounts registered in the joint names of those depositors.

**DURABILITY**

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY/OUR SUBSEQUENT DISABILITY.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Depositor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Depositor

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me, the undersigned officer personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person(s) whose names are subscribed to the within instrument, and acknowledge that he/she/they did execute the same for the purposes herein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney-in-Fact

\_\_\_\_\_  
Signature of Attorney-in-Fact

Account Number(s) (Insert account number(s) only if Power of Attorney is limited to particular accounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVOCAION OF POWER OF ATTORNEY**

I/We hereby revoke the Power of Attorney in favor of \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Depositor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Depositor

I, \_\_\_\_\_, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL, I HEREBY ACKNOWLEDGE THAT IN THE ABSENCE OF A SPECIFIC PROVISION TO THE CONTRARY IN THE POWER OF ATTORNEY OR IN 20 PA C.S., WHEN I ACT AS AGENT:

I SHALL EXERCISE THE POWERS FOR THE BENEFIT OF THE PRINCIPAL.

I SHALL KEEP THE ASSETS OF THE PRINCIPAL SEPARATE FROM MY ASSETS.

I SHALL EXERCISE REASONABLE CAUTION AND PRUDENCE.

I SHALL KEEP A FULL AND ACCURATE RECORD OF ALL ACTIONS, RECEIPTS, AND DISBURSEMENTS ON BEHALF OF THE PRINCIPAL.

\_\_\_\_\_  
AGENT

\_\_\_\_\_  
DATE