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 1-800-BELLCO1 (235-5261)
 www.bellco.org

POWER OF ATTORNEY AGENT INFORMATION FORM
 (PLEASE PRINT ALL INFORMATION)

Date:	
Member Name (Principal):	
Name of Agent:	
Telephone Number:	
Address:	
Date of Birth:	
Social Security Number:	
Account Numbers:	

Additional Documentation Is Required

- **Current Valid Driver's License or other acceptable identification must be presented**

By signing this form, I acknowledge that I have completed all applicable fields and/or options. Furthermore, under penalty of perjury, I certify that I am a U.S. person (including a U.S. resident alien) and that the number shown on this form is my correct taxpayer identification number. I am being added as an agent for the account of the principal and I acknowledge that I have or will review the signature card agreement and applicable Membership Account Information Disclosure of Terms and Conditions. I recognize that this form is an addendum to the original signature card agreement and accept all the terms and conditions of the original signature card agreement and Membership Account Information Disclosure of Terms and Conditions. I agree that as agent I am bound to the aforementioned documents and that I will execute my role as agent in accordance with applicable law.

Agent Signature: _____ Date: _____

State of _____

County of _____

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

by _____ (name of signer)

_____ (signature of notary)

(seal of notary)

Internal Use Only:

Manager Signature _____ Date: _____
