

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



General Instructions: To associate a power of attorney with a TCA by E*TRADE 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	
<p>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 TCA by E*TRADE to rely on my signature set forth below.</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)

