



Instructions: Please complete both pages of this form. Mail the completed form and send an original copy of the Power of Attorney to Goldman Sachs Bank USA, P.O. Box 1978, Cranberry Twp., PA 16066.

Depositor's Name: _____ **Account Number(s):** _____

Affidavit and Indemnity of Attorney-in-Fact

STATE OF _____

COUNTY OF _____

I, the undersigned, _____ (Print Name), being duly sworn, hereby represent and warrant the following:

I am the person named as Attorney-in-Fact in the Power of Attorney ("Power of Attorney") executed by the Principal/Depositor, _____ ("Principal"), on _____ (date of Power of Attorney) and am qualified to act as the Principal's Attorney-in-Fact. A true and correct copy of the original Power of Attorney is attached hereto or has been provided to Goldman Sachs Bank USA (the "Bank").

The Power of Attorney is currently exercisable by the undersigned and is still in full force and effect.

I, the undersigned, have no actual knowledge of any of the following:

- The Power of Attorney has been repudiated, revoked or terminated, partially or otherwise, or any notice of any facts indicating that the Power of Attorney has been revoked or terminated;
- The Power of Attorney has been modified in any way that would affect my ability to authorize or engage in the transaction, or any notice of any facts indicating that the Power of Attorney has been so modified;
- If I was named as a successor Attorney-in-Fact, that the prior Attorney-in-Fact is no longer able or willing to serve;
- The Principal is deceased;
- No court has appointed a guardian for the Principal's person or property;
- If the Principal is my spouse, that a decree of annulment or divorce of marriage has not been entered; and
- There are no pending court proceedings to determine the Principal's competency and capacity.

I, the undersigned, agree, for myself and for my heirs, to hold harmless and indemnify the Bank from all actions, suits, claims, expenses, losses or damages (including attorneys' fees at trial and on appeal), which may arise directly or indirectly, by the Bank's reliance on the representations and warranties of the undersigned that the Bank may sustain.

I, the undersigned, agree not to exercise any powers granted under the Power of Attorney if I become aware that the Principal is deceased or has revoked such powers.

I certify under penalty of perjury that the statements in this Affidavit and Indemnity of Attorney-in-Fact are true and correct. This is the _____ day of _____, 20__.

Signature of Attorney-In-Fact: _____

Attorney-In-Fact Information Section

Important USA PATRIOT Act Notice: To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens or is granted authority to act on an account. What this means: You are being named as an agent to act on behalf of the account(s) owned by the Principal/Depositor and we must ask for your name, address, date of birth, Social Security Number/Taxpayer Identification Number, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

Name (first)	(middle)	(last)	Date of Birth		
Social Security/Tax ID Number	Driver's License or State Identification Number		State of Issue	Expiration Date	
Street Address (P.O. Boxes not accepted unless U.S. military or U.S. embassy P.O. Box)			City	State	Zip Code
Years at Address	Home Telephone	Work Telephone	Email Address		

I certify under penalty of perjury that the statements in this Attorney-in-Fact Information Section are true and correct. This is the _____ day of _____, 20____.

Signature of Attorney-In-Fact: _____

Notary Section

STATE OF _____

COUNTY OF _____

On this day of _____, 20____, before me, I, the undersigned, certify the Attorney-in-Fact, _____, personally appeared before me, who I am satisfied is the person who signed the foregoing Affidavit and Indemnity of Attorney-in-Fact and Attorney-in-Fact Information Section, and he/she did acknowledge that he/she signed, sealed and delivered the same as his/her voluntary act and deed for the uses and purposes expressed in the foregoing instrument.

Name of Notary Public

SEAL

Notary Public Signature

My Appointment Expires

Please note: After we receive this completed document, we will contact you to complete the verification process.

Marcus by Goldman Sachs is a brand of Goldman Sachs Bank USA and Goldman Sachs & Co. LLC, which are subsidiaries of The Goldman Sachs Group, Inc. Deposits products provided by Goldman Sachs Bank USA.

©2021 Goldman Sachs Bank USA. All rights reserved. Member FDIC.

Member **DIC**