

To add an Attorney-in-Fact to an account, please make sure the items below are sent to us. We will not be able to process incomplete forms.

Step 1 Provide your Power of Attorney documentation

- A copy of the Power of Attorney (“POA”). If you do not have a Power of Attorney, please contact your legal advisor to have one created.

Please note that if the deposit accounts are owned by a formal trust, the POA must provide adequate authority for the Attorney-in-Fact to act on behalf of a Trustee.

(If Required by the POA)

- A Letter from the Accountholder/Principal’s physician confirming the Accountholder/Principal is incapacitated.
- If a person listed as a successor or Attorney-in-Fact is acting, a copy of a doctor’s note, death certificate, or resignation letter for the prior or Attorney-in-Fact named on the POA.

Step 2 Fill out the Enclosed forms

- A signed and notarized Power of Attorney Affidavit signed by the Attorney-in-Fact and
- A completed Attorney-in-Fact Information form

Step 3 Photocopy the front and back of a current and valid driver’s license or state ID for the Attorney-in-Fact

- If other ID Verification options are needed, please call us.

Step 4 Submit the completed forms and documents to Discover via your preferred method.

- **By Secure Document Upload:** Available at DiscoverBank.com/docupload
- **By Mail:** Discover Bank, P.O. Box 30416, Salt Lake City, UT 84130
- **By Fax:** 1-224-813-5220

You will be notified by mail once we process your request. If you have questions, call us any time at 1-800-347-7000 (TDD 1-800-347-7454). Our 100% U.S.-based customer service team is available 24 hours a day, 7 days a week.

Customer Information:

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record information that identifies each individual and entity that opens an account.

What this means for you:

When opening an account, we may ask you to provide your name, address, Social Security number or other Taxpayer Identification Number (“TIN”), and other information that will help us to identify you. You may also be asked to provide a driver’s license, state ID card or other identifying documents.

POWER OF ATTORNEY AFFIDAVIT BY ATTORNEY-IN-FACT

I, _____, under the penalty of perjury, state as follows:
(INSERT NAME OF ATTORNEY-IN-FACT)

On _____, _____ as
(INSERT DATE OF POWER OF ATTORNEY) (INSERT NAME OF PRINCIPAL)

principal (the "Principal") did appoint me as his/her true and lawful Attorney-in-Fact, and that attached to this Affidavit, is a true copy of the executed Power of Attorney.

As of the date of this Affidavit, to the best of my knowledge, the Principal is alive, the Principal had the capacity to execute the Power of Attorney, the Power of Attorney has not been revoked or terminated, or the powers amended, and the Power of Attorney is in full force and effect.

If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.

If I was named as a successor Attorney-in-Fact, the prior agent(s) is(are) no longer able or willing to serve. I will exercise the powers granted to me as Attorney-in-Fact for the benefit of the Principal.

I will not exercise the powers in the Power of Attorney, with respect to the Discover Bank deposit accounts, after I receive notice that the Power of Attorney has been revoked or terminated or the relevant powers changed, whether due to the Principal's death or otherwise. As to Discover Bank, the attached Power of Attorney will remain in full force and effect until such time as appropriate written notification of death, termination, revocation or significant modification is received by Discover Bank from me, the Attorney-in-Fact or the Principal.

I agree to abide by the terms of the Accountholder's Deposit Account Agreement, as may be amended from time to time, and to provide such information as Discover Bank may require to allow me access to the Principal's deposit account(s).

I am making this Affidavit for the purpose of inducing Discover Bank, in reliance on this Affidavit, to accept the Power of Attorney and allow me access to deposit account(s) of the Principal in my capacity as Attorney-in-Fact for the Principal.

I, for myself individually and as Attorney-in-Fact, agree to indemnify, defend and hold harmless Discover Bank and its parent companies and affiliates, and their respective officers, directors, employees, agents, successors, and assigns (collectively, "Indemnified Parties") from and against any and all losses, liabilities, claims, damages, and costs (including but not limited to reasonable attorneys' fees) directly or indirectly resulting or arising out of any actions taken by the Indemnified Parties at my direction or transactions conducted by me and permitted by the Indemnified Parties in reliance on this Affidavit, that are not authorized by the Power of Attorney at the time the action is taken or transaction conducted.

By signing this form, I certify that the above statements and any and all account information and disclosures made by me are true and accurate.

(ATTORNEY-IN-FACT SIGNATURE)

(DATE)

Establish Attorney-in-Fact on the following account(s):

All Specific (list Account numbers below):

_____	_____	_____
Account number	Account number	Account number
_____	_____	_____
Account number	Account number	Account number

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Street Address (P.O. Boxes not accepted)	City	State
_____	_____	_____
Mailing Address (If different from above address)	City	State
_____	_____	_____
SSN or TIN*	Date of Birth	Mother's Maiden Name
_____	_____	_____

Primary Phone Number** check one Mobile LandLine Email Address (optional) _____

***You agree Discover Bank, its affiliates, and agents ("Discover") may call you, including texts, about any current or future accounts and applications for which you serve as an Attorney-in-Fact or of your own, with respect to all products you have with Discover at any phone number you provide. In addition, you agree Discover may contact you using an automatic dialer or pre-recorded voice message. Message and Data rates may apply.*

Occupation _____ Employer _____

Employment Status (Select which most applies):

Full-time
 Part-time
 Self-employed
 Homemaker
 Student
 Retired
 Unemployed
 Other (Please specify) _____

Are you a U.S. Citizen? Yes No If No, what is your Country of Citizenship? _____

If you are not a U.S. Citizen, are you a permanent resident? Yes No
 (If you select No, please note that at this time we are only able to process applications for U.S. Citizens and Permanent Residents.)

Notarization Required

State of _____ County of _____

This affidavit was subscribed and sworn to before me this _____ Day _____ Month _____ Year

_____ by Attorney-in-Fact Name

X

Signature of Notary Public

My commission expires: _____

(SEAL)

*Employer Identification number ("EIN"), Social Security number ("SSN") or Individual Taxpayer Identification number ("ITIN") as applicable.