

Power of Attorney Instructions

In order for your request to be processed, we require the following documentation:

- A Letter of Instruction from the Attorney-in-Fact or Accountholder/Principal requesting to add the Attorney-in-Fact to the account(s) that includes all of the following unless otherwise specified.
 - the Attorney-in-Fact's full legal name
 - date of birth
 - Social Security number
 - physical address
 - mother's maiden name
 - all Discover account numbers that apply (if available)

The Letter of Instruction must be signed and dated by the Attorney-in-Fact or Accountholder/Principal.

- A copy of the Power of Attorney ("POA"). 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.
- A completed Attorney-in-Fact Information form (enclosed).
- A signed and notarized Power of Attorney Affidavit, signed by the Attorney-in-Fact (enclosed).
- A copy of the Attorney-in-Fact's valid State Issued ID, Driver License or U.S. Passport.
- A Letter from the Accountholder/Principal's physician confirming the Accountholder/Principal is incapacitated, if required by the POA.
- A copy of a doctor's note, death certificate, or resignation letter for prior Attorneys-in-Fact named on the POA, if any.

Once we receive all of the documentation, we will review the documentation and follow up with you. For additional information, please call 1-800-347-7000 (TDD 1-800-347-7454). 100% US-based Customer Service 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)

Attorney-in-Fact Information

First Name			Middle Name		Last Name	
Street Address (PO Boxes not accepted)				City	State	Zip Code
Mailing Address (If different from above address)				City	State	Zip Code
SSN or TIN*		Date of Birth		Mother's Maiden Name		
Phone Number**		E-mail Address (optional)		Occupation		Employer
Employment Status (Select which most applies)			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (Please specify) _____			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)						
Country of Citizenship _____						
What is your annual income? (Optional)						
<input type="checkbox"/> \$0-\$24,999		<input type="checkbox"/> \$25,000-\$49,999		<input type="checkbox"/> \$50,000-\$99,999		<input type="checkbox"/> \$100,000-\$249,999
<input type="checkbox"/> \$250,000+						
What is your household net worth (excluding residence)? (Optional)						
<input type="checkbox"/> \$0-\$24,999		<input type="checkbox"/> \$25,000-\$49,999		<input type="checkbox"/> \$50,000-\$249,999		<input type="checkbox"/> \$250,000-\$499,999
<input type="checkbox"/> \$500,000+						

Notarization Required

STATE OF: _____

COUNTY OF: _____

This affidavit was subscribed and sworn to before me this _____ day of _____, _____ by _____.

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.

**By providing your phone numbers, you agree that Discover, its affiliates and agents, may call you at these numbers. If this is a cell phone number you agree that we may contact you using an automatic dialer, including pre-recorded messages and/or text messages, even if your cell phone provider may charge you for calls according to your current plan.