

POWER OF ATTORNEY INFORMATION FORM

This form must be submitted with a copy of the Power of Attorney and a copy of your appointed agent's driver's license.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
---------------------	----------------

2 ATTORNEY IN FACT INFORMATION

ATTORNEY IN FACT NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
PHYSICAL ADDRESS (NO P.O. BOXES)			
CITY	COUNTY	STATE	ZIP CODE

EMAIL ADDRESS	PHONE NUMBER		
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)			
CITY	COUNTY	STATE	ZIP CODE

3 ACKNOWLEDGEMENT AND SIGNATURE

1. This Durable Power of Attorney is effective immediately, upon your signature of this form.
2. Since this is a Durable Power of Attorney, your Attorney-in-Fact's authority will continue in the event you become mentally disabled or incapacitated.
3. You may revoke or terminate this Durable Power of Attorney at any time, and your revocation or termination will be effective when we receive your written notice.
4. If there is anything you do not understand about this Durable Power of Attorney you should consult with legal counsel. Equity Trust Company does not provide legal advice.

ACCOUNT HOLDER SIGNATURE	DATE
--------------------------	------