

POWER OF ATTORNEY

Revocation Form



Andrews Federal requires that a Power of Attorney be revoked in writing by the Member (Principal) who executed the original power of attorney document and must include the *name of the Principal, Attorney-in-Fact, date and account number*. Refer to Andrews Federal's Policy on Acceptance and Revocation of Power of Attorney for complete information.

Member/Principal Name _____

Member Account Number(s) _____

Attorney-In-Fact Name _____

NOTICE IS HEREBY GIVEN THAT I, _____ (Member/
Principal) of _____ (address), hereby immediately revoke
all portions of the Power of Attorney document previously executed on _____ (date), which
appointed _____ (name of Attorney-in-Fact) as my Attorney-in-Fact.

Signature _____

Date _____

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

I certify that on this _____ day of _____, 20____,

_____ (name of Member/Principal) appeared before me and executed this
Revocation of Power of Attorney for the purposes contained herein.

As Witness my hand and Notarial Seal.

Notary Public

My Commission Expires _____