

# Adding a Power of Attorney (POA) to a Home Equity or Mortgage Account

A potential attorney-in-fact ("Agent") must complete and submit the following required documentation:

- The Submission Cover Sheet and notarized Affidavit provided on the following pages.
- A certified copy of the POA document. A certified copy must be verified by an official with certification duties (such as a notary public or court official) as a true and correct duplicate of the original.
- A copy of documents verifying the Agent's Social Security number, which could be:
  - Social Security card **or** W2
- A copy of documents verifying the Agent's name, address, and date of birth, which could be:
  - Driver's license
  - State ID card
  - US government issued alien ID card.

You can submit your request by mail or fax to:

Wells Fargo  
PO Box 10335  
Des Moines, IA 50306

## Home Equity

- Fax: 1-866-328-0418
- Customer Service: 1-866-439-3557
- Hours of Operation: Monday through Friday, 7:00 a.m. to 9:00 p.m., and Saturday, 8:00 a.m. to 2:00 p.m. Central Time.

## Home Mortgage

- Fax: 1-866-278-1179
- Customer Service: 1-866-234-8271
- Hours of Operation: Monday through Friday, 7:00 a.m. to 10:00 p.m., and Saturday, 8:00 a.m. to 2:00 p.m. Central Time.

# Power of Attorney Submission Cover Sheet

Please complete all sections of the form below and submit it with your Power of Attorney documents. Incomplete submissions may be delayed in processing or may be declined.

## (A) Principal Information:

*The "Principal" is the Borrower or Accountholder (the person for whom the Agent will be acting).*

Today's Date (mm/dd/yyyy)		Account Number	
Principal Name			
Principal Street Address			
City		State	ZIP Code
Principal Phone Number		Principal Alternate Phone Number	

**(B) Agent Information:** 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 an account. You must provide your name, address, date of birth, and other information that will allow us to identify you.

*The "Agent" is the person who will be using the Power of Attorney to act on the Principal's behalf.*

Agent Name (First, Middle, Last)			
Agent Street Address			
City		State	ZIP Code
Agent Phone Number		Agent Date of Birth (mm/dd/yyyy)	Agent Social Security Number
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Principal		How long have you known the Principal?	

### Agent Occupation:

- |                                                                |                                     |                                                |                                |
|----------------------------------------------------------------|-------------------------------------|------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Executive/Professional                | <input type="checkbox"/> Office     | <input type="checkbox"/> Student               | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homemaker                             | <input type="checkbox"/> Production | <input type="checkbox"/> Teacher               |                                |
| <input type="checkbox"/> Labor                                 | <input type="checkbox"/> Retired    | <input type="checkbox"/> Trade                 |                                |
| <input type="checkbox"/> Military/Diplomat/Government Official | <input type="checkbox"/> Sales      | <input type="checkbox"/> Unemployed w/ income  |                                |
| <input type="checkbox"/> Manager                               | <input type="checkbox"/> Service    | <input type="checkbox"/> Unemployed w/o income |                                |
| <input type="checkbox"/> Owner                                 |                                     |                                                |                                |

To help us better understand the nature of the request, please advise specifically what types of requests the Agent will be doing on the Principal's account and the purpose of the requests going forward: *(must check at least one; check all that apply)*

- |                                        |                                                               |
|----------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Payments Only | <input type="checkbox"/> Update Account Information           |
| <input type="checkbox"/> Inquiries     | <input type="checkbox"/> Make Advances (lines of credit only) |

- General Awareness
- Obtain Documentation

- Close Account (lines of credit only)
- Other: *(please explain)*

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In an effort to protect the privacy of our borrower, please indicate the need for a Power of Attorney:

*(must check at least one; check all that apply)*

- Principal Overseas
- Possible Future Need
- Medical Purposes
- Other: *(please explain)*

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Is the Principal incapacitated or otherwise unable to care for his/her financial affairs? An “incapacitated” person may not be able to make or communicate responsible personal decisions; and/or may exhibit an inability to meet his/her own personal needs for medical care, nutrition, clothing, shelter, or safety.

*(you must check either yes or no)*

- Yes
- No

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# AFFIDAVIT

I, \_\_\_\_\_ having a mailing address of \_\_\_\_\_

being duly sworn, hereby make the following statements based upon my personal knowledge:

1. I am the *Attorney-in-Fact/Agent*/under a power of attorney from \_\_\_\_\_  
(the *Principal*), which power of attorney is dated \_\_\_\_\_, \_\_\_\_\_. *(Please insert the date that the original Power of Attorney document was signed by the Principal)*
2. As of this date:
  - The power of attorney has not been amended, revoked or terminated by the Principal;
  - The principal has not died;
  - If I am the spouse of the Principal, no action for divorce, annulment or separation has been commenced by me or the Principal;
  - A guardian has not been appointed for the Principal.
3. I have examined the legal description(s), if any, attached to the power of attorney and certify that the description(s) have not been changed, replaced, or amended subsequent to the signing of the power of attorney by the Principal.
4. I make this affidavit with the intention that it be relied upon by Wells Fargo Bank, N.A, in connection with a loan or line of credit to the Principal, secured by a mortgage or deed of trust of the Principal's real estate (the "transaction").
5. For purposes of the transaction, I understand that Wells Fargo will continue to rely on the representations contained in this affidavit after the loan or the line of credit is opened. I will promptly notify Wells Fargo of any future modification or revocation by the Principal.
6. I certify that I am submitting a true and correct duplicate of the original power of attorney.
7. **For Line of Credit Products Only:** If I am granted the power to make advances, I certify that any advances I make are only going to be utilized strictly for the benefit of the Principal and/or the collateral. The Bank may suspend the use of the Account and prohibit future advances during the Draw Period for any reason permitted by applicable law and/or the Account documents.  
Initials \_\_\_\_\_

I declare under penalty of perjury that the information I have provided in this Affidavit and Cover Sheet is true and correct. **Knowingly submitting false information on this form could subject you to civil and/or criminal prosecution.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Agent)*

State of \_\_\_\_\_ County of \_\_\_\_\_ Date \_\_\_\_\_

This document was acknowledged and sworn to before me by \_\_\_\_\_ *(Insert name of the person signing the affidavit)*. They have presented the original Power of Attorney and I certify that this is a true and correct duplicate.

*Signature of Notarial Officer* \_\_\_\_\_

*Printed name of Notarial Officer* \_\_\_\_\_

Commission Expires: \_\_\_\_\_ *(Place seal of notary in the space below)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.