

**POWER OF
ATTORNEY**

I,
and appoint
as my attorney-in-fact, to deposit or withdraw funds held in Account #(s)

(Principal), hereby constitute
(Agent)

at

(Name of Financial Institution).

PRINCIPAL: YOU MUST INDICATE BELOW WHETHER OR NOT THIS POWER OF ATTORNEY WILL BE EFFECTIVE IF YOU BECOME INCOMPETENT. MAKE A CHECK OR "X" ON THE LINE IN FRONT OF THE STATEMENT BELOW THAT EXPRESSES YOUR INTENT.

This is a durable power of attorney and it shall continue to be effective if I become incompetent. It shall not be affected by my later disability or incompetency.

This power of attorney shall not be effective if I become incompetent.

THE PARTIES SIGNING BELOW AGREE TO THE TERMS AND CONDITIONS CONTAINED WITHIN THIS AGREEMENT.

The undersigned agree to the terms and conditions contained within this agreement.

Signature of Principal _____
Date

Signature of Agent _____
Date

Signature of Witness _____
Date

Signed _____
(Signature of Financial Institution Employee)

in the presence of an authorized representative of the above named Financial Institution.

Acknowledgement

State of Illinois

County of

} ss.

The undersigned, a notary public in and for the above county and state, certifies that _____, known to me to be the same person whose name is subscribed as Principal to the foregoing Power of Attorney, appeared before me and the witness _____ in person and acknowledged signing and delivering the instrument as the free and voluntary act of the Principal, for the uses and purposes therein set forth.

Notary Public

My Commission Expires:

REVOCAATION

Do not use this part of the form unless there is an intent to revoke (cancel) the Power of Attorney granted above.

REVOCAATION:

I hereby revoke (cancel) the herein Power of Attorney as of (date) _____

Signed _____
(Principal)

Principal signed revocation in the presence of _____, an authorized representative of the above named Financial Institution.

NOTE: If a written revocation notice (other than the above) was received, the source was _____ and was accepted by _____.

NOTE: Financial Institution should file this document with the signature card of the person granting the power. Principal and Agent of Power of Attorney may each want a copy of this document.

TERMS AND CONDITIONS OF THIS POWER OF ATTORNEY

1. The power so granted shall continue as between the Principal and Agent of the power until the earlier to happen of the following: (a) revocation by the Principal, (b) termination of the account(s) which the Agent has power of attorney over, (c) death of the Principal, or (d) appointment of a guardian of the estate of the Principal. The power will also terminate if the Principal becomes incompetent unless the Principal has indicated in this document an intent that the power remain effective even if the Principal becomes incompetent or disabled.
2. The Financial Institution may rely upon the validity of this Power of Attorney and shall be held harmless from doing so, until written notice is received by this Financial Institution as to any of the events of termination of the power. Agent must notify this Financial Institution of any information that they have that would cause the power to terminate (such as the death of the Principal) as soon as possible after learning that information.
3. The attorney-in-fact acting hereunder shall maintain such books or records as will permit an accounting of the acts of the attorney-in-fact, if an accounting is requested by a legal representative of the Principal.
4. The attorney-in-fact shall be liable for any disbursement other than a disbursement to or for the benefit of the Principal, unless the Principal shall have authorized a disbursement in writing.
5. Any power of attorney, not signed in the presence of an authorized person at this Financial Institution, may be rejected by the Financial Institution until the Principal shall have satisfied this Financial Institution of the validity of the power.