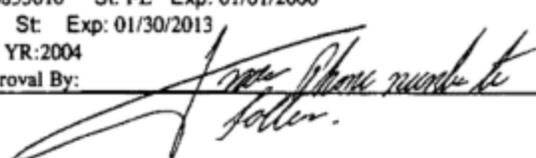


POWER OF ATTORNEY INFORMATION		DATE POWER OF ATTORNEY RECEIVED ____/____/____
POWER OF ATTORNEY NAME		POWER OF ATTORNEY SIGNATURE X
ADDRESS (Street and Number)		
CITY	STATE	ZIP CODE
BENEFICIARY INFORMATION		
ADDITIONAL ACCOUNT SIGNERS - (For Estate and Trust accounts, as needed) - Line out unused Signature boxes		
PRINT NAME	TITLE	SIGNATURE
		X
		X
		X
VERIFICATION		
Primary Applicant: ID-1: DL ID#: M625620855610 St: FL Exp: 01/01/2006 ID-2: PP ID#: 4278011 St: Exp: 01/30/2013		
ChexSystems: Approved Code: 9500 SSN-ST: FL YR: 2004		
TU: Override CDE: B FPH: Override Approval By: 		
Joint Applicant: ID-1: ID#: St: Exp: ID-2: ID#: St: Exp:		
ChexSystems: Code: SSN-ST: YR:		
TU: CDE: FPH:		
NOTARY INFORMATION (For Worldwide Consumer Bank)		
STATE OF _____ COUNTY OF _____		
SS.: _____		
On the _____ day of _____ before me personally came _____		
to me known, and known to me to be the individual described in, and who executed the foregoing instrument, and he acknowledged to me that he executed the same.		
THE ABOVE INFORMATION AND (NO.) _____ SIGNATURE(S) (POA AND ADDITIONAL SIGNERS) WERE VERIFIED BY:		
Print Name:	Initials	Dept. No./Br. No.:
03-9415 (Stock Order #)		FORM 113.DOC - 63