

POWER OF ATTORNEY INFORMATION		DATE POWER OF ATTORNEY FORM RECEIVED 38	
POWER OF ATTORNEY NAME <u>ERIC GANT</u> 37		<u>08/29/76</u>	
ADDRESS [REDACTED] 39			
CITY [REDACTED]			
POWER OF ATTORNEY SIGNATURE <u>[Signature]</u> 40			
BENEFICIARY INFORMATION <i>For a trust account, complete the following information for your beneficiary</i>			
BENEFICIARY NAME 41			
ADDRESS (Street and Number) 42			
CITY		STATE	ZIP CODE
BENEFICIARY DATE OF BIRTH 43	TAXPAYER IDENTIFICATION NUMBER (if available) 44	RELATIONSHIP TO DEPOSITOR 45	
ADDITIONAL ACCOUNT SIGNERS - (For Estate and Trust accounts, as needed) - Line out unused Signature boxes			
PRINTED NAME	TITLE	SIGNATURE	
	46	47	X 48
	46	47	X 48
	46	47	X 48
CHEXSYSTEMS CALLED? 49 <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why: _____			
SSN RESPONSE: _____		YEAR: _____	STATE: _____
		51	52
ID RESPONSE: _____			
53			
NOTARY INFORMATION (For Worldwide Consumer Bank/Chemical Direct Division Only)			
54 STATE OF _____ COUNTY OF _____ ss.: _____			
On the _____ day of _____ 19__ 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 acknowledge to me that he executed the same.			

THE ABOVE INFORMATION AND _____ (NO.) SIGNATURE(S) (POWER OF ATTORNEY, ADDITIONAL SIGNERS) WERE VERIFIED BY: _____			
Print Name (56)		Initials (57)	Dept. No./Br. No. (58)
Retain card in branch for <u>90</u> year after account closes. Then send to Pawling for additional retention of six years.			
03 9019*(Back)(10-95) ▲ ▲ ▲		BRANCH COPY - DO NOT SEND TO SIGNATURE VERIFICATION ▲ ▲ ▲	