Agent Information

FOR POWER OF ATTORNEY

Read this form carefully, use a pen, and print clearly.

You, as the Agent, must complete this form and mail it to Portico Benefit Services. This document is needed to verify you, as the Agent, in order to exercise control over the indicated plan benefits. You must include a copy of the member's durable Power of Attorney (POA) with this form, unless already submitted.

A Member Informa	tion		
Name (First)	MI	Last	
	XXX-XX Social Sec	curity Number	Member ID
Member Address		Phone	
City		State	ZIP Code
B Your Information			
By providing Portico you	r information, you are allowing Port	ico to verify you for futu	re interaction.
Name (First)	MI	Last	
()			
Phone (Required)	Email (Optional)		Birth Date (Required)
Address (Required)			
City		State	ZIP Code
Country of Citizenship is	Not U.S.		
Social Security Number ((Required)		

Signature and Agent Agreement

As the Agent, I hereby state that the attached Power of Attorney is in full force and effect, and to the best of my knowledge, I affirm and state that:

- 1. I am the Agent named in the Power of Attorney, and
- 2. The member is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
- 3. The attached Power of Attorney will remain in full force and effect until such time as appropriate notification of death, termination, or significant alteration is received by Portico.

I agree that any information given on this form may be subject to verification.

Signature of Agent	Date (MM/DD/YYYY)

Return this completed form to the Portico Customer Care Center.

Portico Benefit Services | 800 Marquette Ave., Ste. 1050, Minneapolis, MN 55402-2892 P 800.352.2876 / P 612.333.7651 / F 612.334.5399 / mail@PorticoBenefits.org / PorticoBenefits.org