

# Power of Attorney Process

The information provided to us indicates that one or more of the Borrowers for this HomeEquity Bank mortgage will be represented by one or more Powers of Attorney (POA).

#### Initial required documents

- 1 Power of Attorney document
- 2 Completed POA questionnaire (form enclosed)
- 3 Power of Attorney Identification Two (2) pieces of Government Issued Photo Identification\*
- 4 Borrower/Applicant Identification Two (2) pieces of Identification\*

Please email the above listed documents to your representative at HomeEquity Bank. Upon receipt of the requested documents, HomeEquity Bank will review and confirm if the executed POA can be used for this mortgage transaction.





### Power of Attorney Questionnaire

### To be completed by the Sales Representative

- 1 Complete questionnaire for each client for whom a POA is being used.
- 2 If more than one POA is required to act on behalf of the client, please complete a separate questionnaire for each POA.
- 3 This form must be completed, signed and submitted to HomEquity Bank for review along with following supporting documentation:
  - POA document
  - Acceptable photo ID for POA(s) and client

CI	lient Name P	roperty Address	
POA Name		OA Address	
Mortgage amount requested		lumber of POA(s)	
1	Why is the POA being used?		
	$\square$ client is physically incapacitated $\square$ c	lient is mentally incapacitated	
	$\square$ others, please specify		
2	2 What are the funds being used for? (Be as specific as possible)		
3	Who is receiving direct benefit from this transaction?		
4	4 What is the relationship of the POA(s) to the client?		
5	5 What is the POA's current occupation?		
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6	Who is the POA's current employer		
7	Is the POA a politically exposed person?		
Q	Is the client living in the subject property? (Ves	or No.)	





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POA Document			
9 What date was the POA prepared?			
10 What is the relationship of the witness to the POA(s)?			
11 Where was the POA prepared and signed?			
12 Who prepared the POA?			
Emergency contact information			
Name of Contact 1	Tel Relationship		
Sales Representative Signature	Date		

