

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT (THE "POWER OF ATTORNEY") ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE TEXAS DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____
(insert name, social security number, and address of person signing)

appoint _____
(insert name, social security number, and address of the person appointed)

as my agent (attorney-in-fact) to act for me, in any lawful way, with respect to all of the following powers:

POWERS:

- **Banking and other financial institution transactions;**
- **Insurance and annuity transactions; and**
- **Estate, trust, and other beneficiary transactions.**

Special Instructions Applicable To Gifts:

(Initial in front of the following sentence to have it apply)

_____ I grant my agent (attorney in fact) the power to apply my property to make gifts, except that the amount of a gift to an individual may not exceed the amount of the annual exclusions allowed from the federal gift tax for the calendar year of the gift.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED. This Power of Attorney is not affected by my subsequent disability or incapacity.

Revocation of, or amendment to, this Power of Attorney is not effective as to the person and/or entity (the "Relying Party") acting at the request of the above named attorney-in-fact until the third (3rd) business day after the Relying Party receives written notice of my amendment to, or revocation of, this Power of Attorney. If First Command Bank is the Relying Party, the notice of revocation or amendment must be forwarded to the following address: **1 FirstComm Plaza, Fort Worth, TX 76109**. This Power of Attorney may not be revoked or amended by me if I am mentally disabled or incapacitated. My death shall not revoke or terminate this Power of Attorney as to my attorney-in-fact who, without actual knowledge of my death, acts in good faith under this Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me and my heirs, devisees, and personal representatives. An affidavit, executed by my attorney-in-fact and stating that such person does not have at the time of doing an act pursuant to this Power of Attorney, actual knowledge of the revocation or termination of this Power of Attorney, shall, in the absence of fraud, be conclusive proof of the non-revocation or non-termination of the power at that time. I agree to indemnify the Relying Party for, and defend and hold the Relying Party harmless against, any and all expenses, attorney's fees, claims, demands, suits, losses, liabilities, damages, and judgments against the Relying Party, which are suffered or incurred by the Relying Party, and which arise out of the Relying Party's reliance on this Power of Attorney.

THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED AND INTERPRETED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF TEXAS, WITHOUT REGARD TO ANY CHOICE OF LAW PROVISIONS THEREOF. REGARDLESS OF LOCATION OF ANY PRESENT OR FUTURE DOMICILE OR PRINCIPAL PLACE OF BUSINESS OF ANY OF THE PARTIES, I HEREBY IRREVOCABLY CONSENT AND AGREE TO THE EXCLUSIVE JURISDICTION OF ANY STATE OR FEDERAL TRAIL COURT WITH APPROPRIATE JURISDICTION LOCATED IN FORT WORTH, TARRANT COUNTY, TEXAS (WHERE THIS AGREEMENT IS PERFORMABLE) IN ANY SUIT, ACTION OR PROCEEDING PERTAINING TO THIS POWER OF ATTORNEY OR TO ANY MATTER ARISING OUT OF OR RELATED TO THIS POWER OF ATTORNEY, AND HEREBY AGREE THAT ANY OF THE AFORESAID COURTS SHALL BE THE APPROPRIATE FORUM FOR SUCH ACTION. I HEREBY IRREVOCABLY WAIVE ANY OBJECTION THAT I, OR MY ATTORNEY-IN-FACT, MAY NOW OR HEREAFTER HAVE TO THE ESTABLISHMENT OF VENUE IN SUCH COURTS, INCLUDING WITHOUT LIMITATION, ANY CLAIM BASED UPON IMPROPER VENUE OR *FORUM NON CONVENIENS*.

This Power of Attorney supersedes any and all prior and existing Powers of Attorney signed by me, with respect to the subject matter of this Power of Attorney.

Signed this _____ day of _____, 200__.

(Principal's signature)

STATE OF _____ §

COUNTY OF _____ §

This document was acknowledged before me on _____ by _____
(Date) *(Principal)*

(Signature of Notarial Officer)

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

THIS POWER OF ATTORNEY IS PROVIDED FOR USE IN CONNECTION WITH TRANSACTIONS INVOLVING FIRST COMMAND BANK. FIRST COMMAND BANK, FIRST COMMAND FINANCIAL SERVICES, INC., AND THEIR SUBSIDIARIES AND AFFILIATES DO NOT REPRESENT THAT THIS POWER OF ATTORNEY (A) WILL BE ACCEPTABLE TO ANY OTHER ENTITY OR PERSON WHICH OR WHO IS ASKED TO RELY ON THIS POWER OF ATTORNEY, AND (B) WILL BE EFFECTIVE IN ANY STATE OTHER THAN TEXAS. FIRST COMMAND BANK, FIRST COMMAND FINANCIAL SERVICES, INC., THEIR SUBSIDIARIES AND AFFILIATES WILL NOT BE RESPONSIBLE FOR ANY LIABILITY, DAMAGES, OR OTHER CONSEQUENCES RESULTING FROM THE USE OF THIS POWER OF ATTORNEY.

Affidavit of _____ (Attorney In Fact)

STATE OF _____ §

COUNTY OF _____ §

Before me, the undersigned authority, personally appeared (attorney in fact) _____ ("Affiant"), who swore or affirmed that:

1. Affiant's full, legal name is _____ .
2. Affiant's (home) street address is _____ .
3. Affiant's (primary) telephone number is _____ .
4. Affiant's (secondary) telephone number is _____ .
5. Affiant's social security number is _____ .
6. Affiant's mother's maiden name (for purposes of telephone identification) is _____ .
7. Affiant is the attorney in fact named in the Durable Power of Attorney executed by _____ ("Principal") on _____, _____.
8. This Durable Power of Attorney is currently exercisable by Affiant.
9. The principal is domiciled in _____
(name of state, territory, or foreign country)
10. To the best of the Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased; and
 - b. There has been no revocation, partial or complete termination by adjudication of incapacity or by the occurrences of an event referenced in the durable power of attorney, or suspension by initiation of proceedings to determine incapacity or to appoint a guardian.
11. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

(Affiant)

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, 200__.

Notary Public, State of _____

Please print, **sign**, and fax this form to 1-888-763-7605 (toll-free) or 1-817-763-0557.
You may also mail the form to 1 FirstComm Plaza, Fort Worth, TX 76109.



First Command Financial Planning, Inc.
First Command Financial Services, Inc.

Putting you first – Wherever you are. Whatever it takes.