



**POWER OF ATTORNEY
RECORD INFORMATION FORM**

1. POWER OF ATTORNEY INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

HOME#: _____ CELL#: _____ EMAIL: _____

SECONDARY POA (Y/N), IF SO, PLEASE PROVIDE NAME AND CONTACT NUMBER OF SECONDARY POA _____

DATE THE POA WAS SIGNED _____ COUNTY/STATE _____

EFFECTIVE DATE OF POA _____ EXPIRATION DATE _____

SPECIFIC POWERS GRANTED (to be filled out by Leisnoi Staff): _____

DATE _____ Approved/Denied

2. SHAREHOLDER INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

DATE OF BIRTH _____ LAST 4 OF SSN _____ EMAIL: _____

3. SHAREHOLDERS NEXT OF KIN'S INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

DATE OF BIRTH: _____ Male Female RELATIONSHIP: _____

PHONE #: _____ EMAIL: _____

NAME _____ TITLE _____

 Signature: _____ Date: _____

