

Please carefully read these instructions to complete your Limited Power of Attorney (LPOA) form and set up your individual account for sharing. The purpose of this LPOA is to give CCM/Medi-Share certain limited access to the ACCU individual account established in your name for the sole purpose of sharing.

If you need assistance in completing these forms or setting up your account, please contact Application Services at (800) 264-2562.

## Instructions

- 1. READ:** Read the Limited Power of Attorney (LPOA) and Other Agreements. This is an important legal document. Please read it carefully!
- 2. SIGN:** The signing of the LPOA document must be witnessed by two adult (18 or older) witnesses. The primary account holder and the joint account holder cannot be witnesses for each other.  
**Family members cannot sign as witnesses if:**
  - They are under the age of 18
  - They are over 18 and applying as part of the parent's membership
  - They are the spouse of the member they are witnessing for (whether they are applying for membership or not, spouses can never sign as witness for each other)
- 3. RETURN:** Once you have completed your LPOA form, you can scan and upload to your online Forms Center or email to [applications@mychristiancare.org](mailto:applications@mychristiancare.org). You can also return by fax to (321) 722-5134 or mail to Christian Care Ministry, PO Box 120099, West Melbourne, FL 32912.

# Limited Power of Attorney

## Medi-Share Durable Limited Power of Attorney & Other Agreements With Respect To America's Christian Credit Union Checking Account

### 1. Purpose; Appointment of CCM as Authorized Agent.

The purpose of this Medi-Share Durable Limited Power of Attorney (this "Limited Power of Attorney") is for the undersigned account holder(s) (the "Member") to give Christian Care Ministry, Inc. ("CCM") certain limited rights as more particularly described herein to Member's checking account (the "Account") to be created with America's Christian Credit Union (the "Credit Union") for the purpose of facilitating Member's participation in Medi-Share, a mutual medical bill sharing program of which Member is or desires to be a member.

### 2. General Terms. Member acknowledges and agrees as follows:

**a. Duration; Termination.** CCM may exercise the rights and powers granted to it hereunder while Member is a participant of Medi-Share. Member may revoke this Limited Power of Attorney at any time. Member acknowledges that revocation of this Limited Power of Attorney shall also result in Member's placement in inactive Medi-Share status. Further, a Member's voluntary or involuntary placement in inactive status with Medi-Share shall result in the revocation of this Limited Power of Attorney upon the last to occur of (i) completion of all pending sharing requests or (ii) four months from the date of inactive status; provided, however, if a Member returns to active status prior to such latest date, then this Limited Power of Attorney shall remain in full force and effect. During the inactive status period, CCM will not initiate any transactions on the account, other than the completion of any sharing requests eligible at the time of placement into inactive status.

**b. Survives Incapacity.** This Limited Power of Attorney shall not be affected by a subsequent incapacity of the Member.

**c. Signing of Document Must Be Witnessed.** This Limited Power of Attorney must be dated and signed by the Member and two competent adult witnesses. The witnesses

must either witness (1) the Member's signing of the Limited Power of Attorney or (2) the Member's acknowledgment of the signing of this Limited Power of Attorney. Spouses cannot sign as witnesses for each other.

### 3. Scope of Power of Attorney. By signing this Limited Power of Attorney, Member hereby authorizes CCM to act for and on its behalf as follows:

**a. Open Account.** Member hereby authorizes CCM to take all actions necessary to assist the Member to open the Account. Member understands and agrees that the Account shall be titled in the name of the Member and that the Member shall be the sole owner of the Account.

**b. Transfer Funds to Other Medi-Share Member Accounts.** Member hereby authorizes CCM, on a monthly basis, to initiate a transfer on his or her behalf up to the amount of the Medi-Share Monthly Share Amount, as set forth on Member's share notice for the month in question, directly from his or her Account to the account of one or more Medi-Share members for the sole purpose of assisting such member or members with the payment of one or more medical bills eligible under the Medi-Share Guidelines. Further, Member authorizes CCM, on an as needed basis, to initiate a transfer on his or her behalf of funds deposited in his or her account by CCM, a provider or other third party as a result of Member's membership in Medi-Share, such as, refunds from providers and the like, from his or her Account to the account of one or more Medi-Share members for the sole purpose of assisting such member or members with the payment of one or more medical bills eligible under the Medi-Share Guidelines.

**c. Transfer to and Deposit Funds in Member Account.** Member hereby authorizes CCM to transfer or deposit, on an as needed basis, Medi-Share Monthly Share Amounts and any other amounts relating thereto

from one or more other Medi-Share members into Member's Account for the sole purpose of assisting Member with the payment of one or more medical bills eligible under the Medi-Share Guidelines. Further, Member authorizes CCM to deposit into Member's Account any and all amounts that it may receive as a result of Member's membership in Medi-Share, such as, refunds from providers and the like.

**d. Transfer Funds to Medical Providers.** Member hereby authorizes CCM, on his or her behalf and on as needed basis, to issue checks or electronic payments from the Account, drawn on funds transferred to Member's Account pursuant to section 3(c) above, for the sole purpose of assisting Member with the payment of one or more medical bills eligible under the Medi-Share Guidelines.

**e. Transfer Administrative Fee to CCM.** Member hereby authorizes CCM, on a monthly basis, to transfer on his or her behalf the Monthly Administrative Fee, as set forth on the Member's share notice for the month in question, directly from his or her Account to CCM.

**f. Access to Account Information.** Member hereby authorizes CCM to request and receive from Credit Union any and all information pertaining to the Account that CCM may request in order to properly and efficiently administer Medi-Share.

**4. Reliance; Indemnification.** Credit Union and its subsidiaries are each entitled to rely on this Limited Power of Attorney until Credit Union receives written notice of revocation of this Limited Power of Attorney. Credit Union may absolutely rely on CCM to act in accordance with the terms of this Limited Power of Attorney, and Member understands and agrees that Credit Union has no obligation to and will not independently verify that CCM is so acting. Therefore, Member agrees to hold Credit Union, its subsidiaries, and each of their respective employees, agents, representatives, officers and directors, harmless from any losses, liabilities, damages, costs and expenses (including attorneys' fees and court costs) resulting from, directly or indirectly, any action or inaction taken in accordance with this Limited Power of Attorney.

## **5. Other Agreements**

**a. Use of Funds for Intended Purpose.** Member hereby acknowledges and agrees that funds deposited in Member's Account by CCM or as a result of Member's membership in Medi-Share are to be used for the sole purpose for which they were intended, that is, the payment of medical bills in accordance with the Medi-Share Guidelines.

**b. No Transfer of Liability. Member hereby acknowledges and agrees that CCM's ability to act in accordance with the provisions of section 3 hereinabove are entirely dependent on the continued giving of Member and each other member of Medi-Share in accordance with the Medi-Share Guidelines.**

**c. Governing Law.** The internal laws of the State of California, including its Power of Attorney Law, shall govern the construction, interpretation and other matters arising out of or in connection with this Limited Power of Attorney (whether arising in contract, tort, equity or otherwise), without reference to any principles of conflicts of law that would apply another jurisdiction's laws.

**d. Ratification.** Member hereby ratifies, to the extent permitted by law, all that CCM shall lawfully do or cause to be done in accordance with the terms of this Limited Power of Attorney.

**e. Legal Rights Affected. THIS LIMITED POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THIS LIMITED POWER OF ATTORNEY, MEMBER AUTHORIZES ANOTHER PERSON TO ACT FOR AND ON BEHALF OF MEMBER AND WITHOUT FURTHER INSTRUCTION OR AUTHORITY FROM MEMBER. MEMBER SHOULD READ THIS LIMITED POWER OF ATTORNEY CAREFULLY AND OBTAIN THE ASSISTANCE OF LEGAL COUNSEL OR ANY OTHER QUALIFIED PERSON TO THE EXTENT THAT ANY PROVISION OF THIS LIMITED POWER OF ATTORNEY IS NOT FULLY UNDERSTOOD.**

# Limited Power of Attorney

## Medi-Share Durable Limited Power of Attorney & Other Agreements With Respect To America's Christian Credit Union Checking Account

- **Members and witnesses must provide a traditional ink signature on this document and print legibly.**
- **An electronic or digital signature is not acceptable.**
- **Adult children applicants cannot sign for their parents.**
- **Spouses cannot sign as witnesses for each other.**
- **A notary signature can be used in place of the two witness signatures. See below.\***

RETURN: Once you have completed your LPOA form, you can scan and upload to your online Forms Center or email [applications@mychristiancare.org](mailto:applications@mychristiancare.org). You can also return by fax **(321) 722-5134** or mail to Christian Care Ministry, PO Box 120099, West Melbourne, FL 32912.

Primary Account Holder & Signature		
Printed Name of Member – Primary Account Holder	Household ID # <i>(Internal use only)</i>	Home Phone Number
Signature – Primary Account Holder	Date Signed	
Witnesses Printed Names & Signatures		
Print Name	Witness Signature	
Print Name	Witness Signature	

Joint Account Holder & Signature if Applicable	
Printed Name – Joint Account Holder	
Signature – Joint Account Holder	Date Signed
Witnesses Printed Names & Signatures	
Print Name	Witness Signature
Print Name	Witness Signature

\*Alternate option

Notary – Only if Choosing in Lieu of Witnesses	
Signature	Stamp or Seal
Print Name	
Date Signed	
Commission Expiration Date <input type="checkbox"/> Lifetime Commission	