



## AFFIDAVIT

### AUTHORITY OF SIBLING TO OPEN AND MANAGE AN ACCOUNT IN THE NC ABL PROGRAM

State of North Carolina

County of \_\_\_\_\_

\_\_\_\_\_ (name of affiant), appearing before the undersigned notary public and being duly sworn, states the following:

I am opening and/or managing an account for \_\_\_\_\_ (“Account Owner”) in the NC ABL Program as the sibling of the Account Owner.

I certify under penalties of perjury that I am a sibling (whether by birth or adoption) of the Account Owner, where sibling includes brother, sister, stepbrother, stepsister, half-brother, and half-sister.

I further certify under penalties of perjury that the Account Owner does not have any of the following who is willing and able to open and manage an account for the Account Owner: (1) agent acting under a power of attorney; (2) guardian; (3) spouse; or (4) parent.

I have documentation to support the fact that I am a sibling of the Account Owner, and I will provide such documentation if requested by the North Carolina Department of State Treasurer (“Department”), the Internal Revenue Service (“IRS”), or other state or federal agency or department.

I understand that a copy of this affidavit may be provided to the Department, the IRS, or other state or federal agency or department.

Signature of affiant: \_\_\_\_\_

Sworn to (or affirmed) and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed name of notary public: \_\_\_\_\_

Signature of notary public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Notary Seal)