

# **Power of Attorney for Receiving of MOHW Childbirth Accident Relief Fund**

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_ as my trustee to collect the childbirth accident relief fund on my behalf.

Principal: \_\_\_\_\_ (Please sign and seal)

National ID No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Trustee: \_\_\_\_\_ (Please sign and seal)

National ID No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

Note: Principal is the trustee, victim, mother of the fetus, or his/her legal representative stated in the *Power of Attorney of Statutory Heirs for MOHW Childbirth Accident Relief Fund.*