

Intersections Inc. D/B/A Aura  
Limited Special Power of Attorney

I, \_\_\_\_\_ (“Declarant”), residing at \_\_\_\_\_,  
hereby appoint Intersections Inc. d/b/a Aura, a Delaware corporation with a business located at 2553 Dulles View Dr., Suite 400, Herndon, Virginia 20171, as my Attorney-in-Fact (“Agent”) to act in my capacity solely and exclusively for the following purposes (to the extent allowable by each of the respective credit bureau[s] or financial institutions[s]):

- Notifying creditors in writing, by telephone or by electronic communication, of fraudulent or potentially fraudulent accounts opened, or fraudulent or potentially fraudulent financial activity that has occurred, in my name or using my personally identifiable information;
- Submitting credit report disputes with national Credit Reporting Agencies, including (without limitation) Experian, TransUnion, and/or Equifax, which relate to or arise from fraudulent or suspicious accounts opened, or other potentially fraudulent activity occurring, in my name or using my personally identifiable information;
- Filing identity theft reports or complaints or similar actions with the Federal Trade Commission, any other state or federal regulatory body, or law enforcement agency;
- Placing credit freezes or holds or similar actions on my credit report with national Credit Reporting Agencies, including (without limitation) Experian, TransUnion, and Equifax

**The Agent shall have no power or authority to act in my place and stead or on my behalf except as specifically enumerated above.**

The rights, powers, and authority of my Agent to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on \_\_\_\_\_, 20\_\_\_\_, (“Effective Date”) and shall remain in full force and effect until \_\_\_\_\_, 20\_\_\_\_, (“Termination Date”) or unless specifically extended or rescinded earlier by either party in its sole discretion at any time for any reason or for no reason by written notice to the other party.

**[SIGNATURE PAGE TO FOLLOW]**

I ratify all lawfully performed acts by my attorney-in-fact exercising the foregoing powers. I agree that any third party who is given a copy of this power of attorney may act relying on it. I agree that revocation of this power of attorney

**INTERSECTIONS INC. D/B/A AURA  
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is effective as to a third party only upon receipt of actual notice by the third party. If because of reliance on this power of attorney, a third party suffers any loss, I agree to indemnify the third party for any such loss.

**Declarant:**

\_\_\_\_\_ Date: \_\_\_\_\_  
Declarant (Signature)  
Declarant Full Legal Name: \_\_\_\_\_

**Witness #1:**

\_\_\_\_\_ Address: \_\_\_\_\_  
Witness #1 (Signature)  
Witness #1 Full Legal Name: \_\_\_\_\_

**Witness #2:**

\_\_\_\_\_ Address: \_\_\_\_\_  
Witness #2 (Signature)  
Witness #2 Full Legal Name: \_\_\_\_\_

**NOTARY:**

STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :

The foregoing instrument was acknowledged before me in my city and state on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Declarant.

\_\_\_\_\_ [Seal]  
Notary Public

My commission expires: \_\_\_\_\_  
Registration No. \_\_\_\_\_