POWER OF ATTORNEY

AFFIDAVIT BY ATTORNEY-IN-FACT

I, ______________________, upon oath, do hereby certify, represent and declare under penalties of perjury, that I was duly appointed attorney-in-fact for________________________________ (the “Principal”) by a Durable Power of Attorney dated __________________, and that I have the authority under that power of attorney to conduct banking transactions on behalf of the Principal, and that:

1. the Principal is not deceased;
2. the power of attorney referenced above is in full force and effect and has not been revoked, or otherwise modified by the Principal or by court order; and
3. that no fiduciary such as a guardian or conservator has been appointed to manage the person or estate of the Principal.

Further, to induce Cambridge Savings Bank (the “Bank”) to recognize my appointment, I hereby agree to indemnify the Bank from and against any and all losses, damages, expenses, liabilities, costs and fees, including reasonable attorney’s fees, it may incur in reliance on the statements made in this affidavit or as a direct or indirect result of my conducting banking transactions on behalf of the Principal. I understand that I, as attorney-in-fact for the Principal, must exercise my powers for the benefit of the Principal, that the funds in the Principal’s account(s) belong to the Principal and that I must keep my assets separate from those of the Principal.

IN WITNESS WHEREOF, I have executed this affidavit this _________day of___________, ____________.

_____________________________________________________________________________________________
Signature and address of attorney-in-fact

Bank Use Only

<table>
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<tr>
<th>Branch Details</th>
<th>Branch:</th>
<th>Employee:</th>
<th>Date:</th>
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Notarization (Required if signed outside a CSB Branch)

Acknowledgement

On this ______day of ______,____, before me, the undersigned notary public, personally appeared ____________________________, proved to me through satisfactory evidence of identification, as noted ____________________________, to be the person whose name is signed above, and acknowledged to me that he/she (strike one) signed it voluntarily for its stated purpose.

__________________________________
Notary Public

My commission expires: ____________

MEMBER FDIC | EQUAL HOUSING LENDER

Revised 3.20.2024