

SPRINGING POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal) when a designated condition is met. Your agent will be able to make decisions and act with respect to your property (including your money).

This power of attorney does not authorize the agent to make medical and health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ of _____ [Address],
authorize _____ of _____ [Address],
as my agent (attorney-in-fact) to act for me and in my name and for my use and benefit. If my agent is
unable or unwilling to act for me, I name _____ of
_____ [Address] as my successor agent.



GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects:

- Real property
- Tangible personal property
- Stocks and bonds
- Commodities and options
- Banks and Other Financial Institutions
- Operation of Entity or Business
- Insurance and Annuities
- Estates, Trusts, and Other Beneficiary Interests
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Taxes

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant may **not** use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE



This power of attorney is effective when:

I am incapacitated. I am declared incompetent by:

My attending physician.

A licensed physician.

Two licensed physicians.

A specific condition is met. The following condition is met:

_____.

TERMINATION

If the power of attorney is effective upon your incapacitation. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

If the power of attorney is effective upon a specific condition:

DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment:

Name of Nominee for guardian of my estate: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for guardian of my person: _____

Nominee's Address: _____

Nominee's Telephone Number: _____



RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Signature of Principal

Date

Name Printed

Address

Telephone Number



WITNESS SIGNATURES

I hereby acknowledge that the foregoing Power of Attorney was signed by _____
[Principal name] in my presence.

FIRST WITNESS:

First Witness' Signature Date

First Witness' Name

First Witness' Address

City State Zip Code

SECOND WITNESS:

Second Witness' Signature Date

Second Witness' Name

Second Witness' Address

City State Zip Code



NOTARY ACKNOWLEDGEMENT

State/Commonwealth of _____
County of _____

On this _____ day of _____, 20_____, before me, _____,
personally appeared _____, personally known to me or who proved to me on the
basis of satisfactory evidence to be the person whose name is subscribed to this instrument and
acknowledged to me that he/she executed the same and that by his/her signature on this instrument the
person executed this instrument.

Signature of Notary

(Seal, if any)

My commission expires: _____

