

# MASSACHUSETTS POWER OF ATTORNEY

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## DESIGNATION OF AGENT

I \_\_\_\_\_ [Principal name] of \_\_\_\_\_  
[Address], appoint \_\_\_\_\_ [Agent name] of  
\_\_\_\_\_ [Address], as my agent (attorney-in-fact) to act for me  
and in my name and for my use and benefit.

(Optional) If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name  
the following (each to act alone and successively, in the order named) as successor(s) to that agent:

\_\_\_\_\_ [Successor name] of \_\_\_\_\_  
[Address], \_\_\_\_\_ [Successor name] of  
\_\_\_\_\_ [Address].

## GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following  
subjects: (Initial all that apply)

- (A) Real property. \_\_\_\_\_ (initial)
- (B) Tangible personal property. \_\_\_\_\_ (initial)
- (C) Stocks and bonds. \_\_\_\_\_ (initial)
- (D) Commodity and options. \_\_\_\_\_ (initial)
- (E) Banking and other financial institutions. \_\_\_\_\_ (initial)
- (F) Operation of an entity or business. \_\_\_\_\_ (initial)
- (G) Insurance and annuities. \_\_\_\_\_ (initial)
- (H) Estate, trust, and other beneficiary interests. \_\_\_\_\_ (initial)
- (I) Claims and litigation. \_\_\_\_\_ (initial)
- (J) Personal and family maintenance. \_\_\_\_\_ (initial)
- (K) Benefits from governmental programs or civil or military service. \_\_\_\_\_ (initial)
- (L) Retirement plans. \_\_\_\_\_ (initial)
- (M) Taxes. \_\_\_\_\_ (initial)



**GRANT OF SPECIFIC AUTHORITY**

My agent may do any of the following specific acts for me: (Initial all that apply)

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

**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 this power of attorney.

**SPECIAL INSTRUCTIONS**

You may give special instructions on the following lines:

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**EFFECTIVE DATE**

This power of attorney is effective: (Check one)

- Immediately unless I have stated otherwise above.
- Upon my subsequent disability or incapacity unless I have stated otherwise above.



Durability (Check one and strike out the other)

- 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 terminates upon my subsequent disability or incapacity.

(Check if applicable. Strike out if not.)

- I hereby revoke the previous power of attorney signed by me and declare that all power and authority granted under such power of attorney are hereby revoked and withdrawn.

### NOMINATION OF GUARDIAN

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

Name of Nominee: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

### 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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Name



WITNESSES

The declarant appeared to be at least eighteen years of age, of sound mind and under no constraint or undue influence, and voluntarily signed this document in my presence.

FIRST WITNESS:

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**First Witness' Signature**

**Date**

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**First Witness' Name**

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**First Witness' Address**

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City

State

Zip Code

SECOND WITNESS:

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**Second Witness' Signature**

**Date**

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**Second Witness' Name**

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**Second Witness' Address**

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City

State

Zip Code



**NOTARY ACKNOWLEDGMENT**

Commonwealth of Massachusetts

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared  
\_\_\_\_\_, to me known to be the person described in and who executed the  
foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

\_\_\_\_\_

Notary Public

Print Name: \_\_\_\_\_

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



## IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

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.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

**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.**

