

# NEW HAMPSHIRE POWER OF ATTORNEY

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## INFORMATION CONCERNING THE POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

Notice to the Principal: As the "Principal," you are using this Power of Attorney to grant power to another person (called the "Agent") to make decisions, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney, your Agent will continue to have these powers after you become incapacitated. You have the right to retain this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind. If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. DESIGNATION OF AGENT

I, \_\_\_\_\_, of \_\_\_\_\_ [Address], name the following person as my agent:

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

### 2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

If my successor agent is unable or unwilling to act for me, I name the following person as my second successor agent:



Name of Second Successor Agent: \_\_\_\_\_

Second Successor Agent's Address: \_\_\_\_\_

### 3. REVOCATION OF EXISTING POWERS OF ATTORNEY

(Initial the following statement if it is your choice.)

\_\_\_\_\_ This Power of Attorney revokes all existing powers of attorney previously executed by me.

### 4. GRANT OF GENERAL AUTHORITY

(Initial beside your choice of A or B, but NOT both.)

\_\_\_\_\_ **A. I grant my agent general authority to act for me in all matters, including, without limitation, all of the subjects enumerated in B below.**

\_\_\_\_\_ **B. I grant my agent general authority over the following subjects as defined in the following sections of the Uniform Power of Attorney Act:**

(Initial each subject you want to include in the agent's general authority.)

\_\_\_\_\_ Real Property as defined in RSA 564-E:204

\_\_\_\_\_ Tangible Personal Property as defined in RSA 564-E:205

\_\_\_\_\_ Stocks and Bonds as defined in RSA 564-E:206

\_\_\_\_\_ Commodities and Options as defined in RSA 564-E:207

\_\_\_\_\_ Banks and Other Financial Institutions as defined in RSA 564-E:208

\_\_\_\_\_ Operation of Entity or Business as defined in RSA 564-E:209

\_\_\_\_\_ Insurance and Annuities as defined in RSA 564-E:210

\_\_\_\_\_ Estates, Trusts, and Other Beneficial Interests as defined in RSA 564-E:211

\_\_\_\_\_ Claims and Litigation as defined in RSA 564-E:212

\_\_\_\_\_ Personal and Family Maintenance as defined in RSA 564-E:213

\_\_\_\_\_ Benefits from Governmental Programs or Civil or Military Service as defined in RSA 564-E:214

\_\_\_\_\_ Retirement Plans as defined in RSA 564-E:215



\_\_\_\_\_ Taxes as defined in RSA 564-E:216

\_\_\_\_\_ Digital Assets

## 5. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

(Initial each subject you want to include in the agent's authority. CAUTION: As to some of the following subjects, granting your agent authority 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.)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

\_\_\_\_\_ Create, amend, revoke, or terminate an *inter vivos* trust

\_\_\_\_\_ Make a gift, subject to the limitations of RSA 564-E:217 of the Uniform Power of Attorney Act

(If you have granted your agent the authority to make a gift, then as to each of the following statements, initial beside it if it is your choice.)

\_\_\_\_\_ My agent may make a gift, even if it will leave me without sufficient assets or income to provide for my care without relying on Medicaid, other public assistance or charity.

\_\_\_\_\_ My agent may make a gift to himself or herself and to any individual to whom my agent owes a legal obligation of support.

\_\_\_\_\_ Create or change rights of survivorship

\_\_\_\_\_ Create or change a beneficiary designation

\_\_\_\_\_ Delegate authority granted under this Power of Attorney to another person

\_\_\_\_\_ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

\_\_\_\_\_ Exercise the fiduciary power(s) that I have the authority to delegate as specified in the "Special Instructions" in Paragraph 7 of this Power of Attorney

\_\_\_\_\_ Exercise authority over the content of electronic communications sent or received by me

\_\_\_\_\_ Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks



## 6. LIMITATION ON AGENT'S AUTHORITY (OTHER THAN GIFTING)

(If an agent (including successor agent) named in this Power of Attorney is someone other than an ancestor of yours, your spouse, or a descendant of yours, you must initial the following statement if it is your choice that such agent have the following authority. An agent who is an ancestor of yours, your spouse, or a descendant of yours already has the following authority under New Hampshire law.)

\_\_\_\_\_ My agent may exercise authority under this Power of Attorney to create in my agent, or in an individual to whom my agent owes a legal obligation of support, an interest in my property by any manner (other than a gift), including, without limitation, by right of survivorship, beneficiary designation, or disclaimer.

## 7. SPECIAL INSTRUCTIONS (OPTIONAL)

(Here you may include special instructions. You may leave this Paragraph blank. You may attach additional pages as necessary.)

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## 8. EFFECTIVE DATE AND AUTHORITY OF AGENT

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions in Paragraph 7 of this Power of Attorney. An agent (including successor agent) named in this Power of Attorney will have no authority to act as my agent until he or she has signed and affixed to this Power of Attorney an acknowledgment that is substantially the same as the Acknowledgment at the end of this Power of Attorney.

## 9. TERMINATION (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 shall terminate if I become disabled or incapacitated.

## 10. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of New Hampshire.



## 11. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgements (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

### SIGNATURE AND ACKNOWLEDGMENT

(You must date and sign this Power of Attorney. If you are physically unable to sign, it may be signed by someone else writing your name, in your presence and at your express direction. This Power of Attorney must be acknowledged before a notary public or other individual authorized by law to take acknowledgments.)

Principal's Signature: \_\_\_\_\_

Principal's Printed Name: \_\_\_\_\_

Principal's Address: \_\_\_\_\_

Date: \_\_\_\_\_



STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

The foregoing Power of Attorney was acknowledged before me on \_\_\_\_\_ (date), by  
\_\_\_\_\_ (Principal, known to me or satisfactorily proven to be the person named  
herein)

\_\_\_\_\_  
Signature of Notarial Officer

[Notary Seal, if any]:

Title (and Rank): \_\_\_\_\_

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



## AGENT ACKNOWLEDGMENT

Notice to Agent: You will have no authority to act as agent under this Power of Attorney until you sign and affix this acknowledgment to the Power of Attorney.

I, \_\_\_\_\_, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I am given power under the power of attorney to make decisions about money, property, or both belonging to the principal, and to spend the principal's money, property, or both on the principal's behalf, in accordance with the terms of the power of attorney. When acting as agent, I have duties (called "fiduciary duties") to act in the principal's best interest, to act in good faith, and to act only within the scope of authority granted in the power of attorney, as well as other duties imposed by law to the extent not provided otherwise in the power of attorney. As an agent, I am not entitled to use the money or property for my own benefit or to make gifts to myself or others unless the power of attorney specifically gives me the authority to do so. As an agent, my authority under the power of attorney will end when the principal dies and I will not have authority to manage or dispose of any property or administer the estate of the principal. If I violate a fiduciary duty under the power of attorney, I may be liable for damages and may be subject to criminal prosecution. If there is anything about this power of attorney, or my duties under it, that I do not understand, I understand that I should seek professional advice.

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S  
AUTHORITY

STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, certify under penalty of perjury that \_\_\_\_\_  
granted me authority as an agent in a power of attorney dated \_\_\_\_\_.

I further certify that to my knowledge:

- (1) the principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
- (2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) if I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) (Insert Other Relevant Statement(s)).

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Agent's Name Printed: \_\_\_\_\_  
Agent's Address: \_\_\_\_\_  
Agent's Telephone Number: \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_[date], by  
\_\_\_\_\_, known to me or satisfactorily proven to be the person named herein

\_\_\_\_\_  
Signature of Notarial Officer

[Notary Seal, if any]:

Title (and Rank): \_\_\_\_\_

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

