

# SOUTH DAKOTA SPRINGING POWER OF ATTORNEY

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## 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.**

## DESIGNATION OF AGENT

I, \_\_\_\_\_ [Principal name] of \_\_\_\_\_  
[Address] , authorize \_\_\_\_\_ [Agent name] 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  
\_\_\_\_\_ [Successor agent name] of  
\_\_\_\_\_ [Address], as my successor agent.



(Check if applicable. Strike out if not.)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

### **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 each subject you want to include in the agent's general authority.

INITIAL the line in front of "(N) All Preceding Subjects" if you wish to grant general authority over all of the subjects instead of initialing each subject.

\_\_\_\_\_ (A) Real property

\_\_\_\_\_ (B) Tangible personal property

\_\_\_\_\_ (C) Stocks and bonds

\_\_\_\_\_ (D) Commodities and options

\_\_\_\_\_ (E) Banks and Other Financial Institutions

\_\_\_\_\_ (F) Operation of Entity or Business

\_\_\_\_\_ (G) Insurance and Annuities

\_\_\_\_\_ (H) Estates, Trusts, and Other Beneficiary Interests

\_\_\_\_\_ (I) Claims and Litigation

\_\_\_\_\_ (J) Personal and Family Maintenance

\_\_\_\_\_ (K) Benefits from Governmental Programs or Civil or Military Service

\_\_\_\_\_ (L) Retirement Plans

\_\_\_\_\_ (M) Taxes

\_\_\_\_\_ (N) All Preceding Subjects



**GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

My agent may **not** do any of the following specific acts for me unless I have INITIALED the specific authority listed below:

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.

INITIAL only the specific authority you want to give your agent.

\_\_\_\_\_ (A) Create, amend, revoke, or terminate an inter vivos trust

\_\_\_\_\_ (B) Make a gift

\_\_\_\_\_ (C) Create or change rights of survivorship

\_\_\_\_\_ (D) Create or change a beneficiary designation

\_\_\_\_\_ (E) Authorize another person to exercise the authority granted under this power of attorney

\_\_\_\_\_ (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

\_\_\_\_\_ (G) 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:

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**EFFECTIVE DATE**

Unless I have stated otherwise in the Special Instructions, this power of attorney is effective: (Check one)

- Immediately
- Upon my subsequent disability or incapacity
- On \_\_\_\_\_, 20\_\_\_\_\_
- Other: \_\_\_\_\_

**TERMINATION (Check one and strike out the other)**

- DURABLE Power of Attorney. This power of attorney is not affected by subsequent disability or incapacity of the principal.
- REGULAR Power of Attorney. This power of attorney shall terminate if the principal becomes disabled or incapacitated.

**NOMINATION OF 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

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

Your Name Printed: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_



State of South Dakota

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.

\_\_\_\_\_

(Seal, if any)

Signature of Notary

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



## IMPORTANT INFORMATION FOR AGENT

### Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

\_\_\_\_\_ (Principal's Name) by \_\_\_\_\_ (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.



## **Liability of Agent**

The meaning of the authority granted to you is defined in the South Dakota Codified Laws, Chapter 59-6. If you violate the South Dakota Codified Laws, Chapter 59-6, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.





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

State of South Dakota

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

I, \_\_\_\_\_ (Name of Agent), certify under penalty of perjury that  
\_\_\_\_\_ (Name of Principal) granted me authority as an agent or successor 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 statements)

**SIGNATURE AND ACKNOWLEDGMENT OF AGENT**

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

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

Agent's Telephone Number: \_\_\_\_\_

This document was acknowledged before me on

\_\_\_\_\_ (Date), by \_\_\_\_\_ (Name of Agent).

Signature of Notary \_\_\_\_\_

(Seal, if any)

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

This document prepared by: \_\_\_\_\_

