

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). 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, _____ 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:



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:

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 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 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



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: _____



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

State/Commonwealth of _____

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),
_____ (Name of Agent).

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

