

# Power of Attorney for Retirement Accounts

## Principal Information

Full Name:

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Address:

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Phone Number:

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## Attorney-in-Fact Information

Full Name:

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Address:

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Phone Number:

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## Retirement Account Information

Account Provider:

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Account Number:

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Type of Account(s):

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## Powers Granted

The Principal grants the Attorney-in-Fact the power to manage, access, withdraw, transfer, and otherwise handle the above-listed retirement account(s), including but not limited to communicating with the financial institution and making decisions related to distributions, account management, and beneficiary changes as permitted by law.

## Effective Date and Duration

Effective Date:

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Expiration Date (if any):

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This Power of Attorney remains in effect unless revoked in writing by the Principal or upon the expiration date stated above, if any.

**Signatures**

**Principal Signature:**

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**Date:**

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**Attorney-in-Fact Signature:**

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**Date:**

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**Notarization (if required)**

**Notary Public Signature:**

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**Date:**

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**Commission Expiration:**

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