

Springing Power of Attorney

Effective Date/Condition:

Principal's Full Name:

Principal's Address:

Attorney-in-Fact's Full Name:

Attorney-in-Fact's Address:

Powers Granted

Describe the powers and limitations of authority granted:

Special Instructions

Special instructions, if any:

Duration

Springing event/condition which enables this Power of Attorney:

Revocation

Revocation instructions (if applicable):

Principal's Signature:

Date:

Witness/Notary Signature:

Date:
