

1. Principal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

2. Agent (Attorney-in-Fact) Information

Full Name

Date of Birth

Address

Phone Number

Email Address

3. Alternate Agent Information (if any)

Full Name

Date of Birth

Address

Phone Number

Email Address

4. Powers Granted

Select the powers you wish to grant:

Banking Transactions
Real Estate Transactions
Investment Decisions
Tax Matters
Personal Property Transactions
Other

☐
☐
☐
☐
☐
☐

If "Other", please specify:

5. Duration of Power of Attorney

Effective Date

End Date (if applicable)

☐

Durable (remains effective if I become incapacitated)

☐

Springing (becomes effective only upon a specific event)

6. Special Instructions or Limitations

Instructions or Limitations