

# FINANCIAL POWER OF ATTORNEY

**State of [STATE]**

This Financial Power of Attorney (this "Instrument") is executed effective by **[PRINCIPAL NAME]**, of **[PRINCIPAL ADDRESS]**, born (the "Principal").

## **1. Designation of Agent**

The Principal appoints **[AGENT NAME]**, of **[AGENT ADDRESS]**, as attorney-in-fact (the "Agent").

## **2. Durability**

**This Financial Power of Attorney is DURABLE** and shall remain in full force and effect notwithstanding the Principal's later disability or incapacity, until the Principal's death or written revocation during capacity.

## **3. Broad Grant of Financial Authority**

The Principal grants the Agent plenary authority over the Principal's financial affairs, including authority to:

(a) Manage bank, brokerage, and credit-union accounts (open, close, deposit, withdraw, transfer); (b) Buy, sell, lease, mortgage, and manage real and personal property; (c) Trade securities, commodities, and derivative instruments consistent with the Principal's investment objectives; (d) Pay debts, taxes, and household expenses; (e) File tax returns and respond to taxing authorities; (f) Collect and endorse checks, drafts, and negotiable instruments; (g) Access safe-deposit boxes; (h) Apply for and manage government benefits; (i) Operate any business entity in which the Principal holds an interest; (j) Purchase, modify, and surrender insurance and annuity contracts; and (k) Perform any other financial act the Principal could perform if personally present.

This grant shall be construed broadly per UPOAA §§201-217 (or corresponding [STATE] law). The Agent has **no** authority over personal health care decisions; those require a separate health care directive.

## **4. Fiduciary Duties; Compensation**

Fiduciary duties as set forth in UPOAA §114. No compensation; expenses only.

## **5. Third-Party Reliance; Termination**

Third parties protected per UPOAA §119. Terminates on revocation, death, or accomplishment of purpose.

## 6. General Provisions

Governed by [STATE] law. Severable. Photocopies effective as originals.

### Signature of Principal

#### Principal

\_\_\_\_\_ PRINTED NAME

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

### Acceptance by Agent

#### Agent

\_\_\_\_\_ PRINTED NAME

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE