

FINANCIAL POWER OF ATTORNEY QUESTIONNAIRE

YOUR NAME: _____

Complete one Financial Power of Attorney Questionnaire per person.

1. Financial Management Agents

- a. Name of individual(s) you want to appoint as your agent/power of attorney for financial management: _____
- b. Name of first alternative agent(s): _____
- c. Name of second alternative agent(s): _____
- d. If you designated more than one agent in any of the parts a-c above, do you want your agents to act separately (able to act alone without the other agent's input), jointly (all agents must act and sign together), or otherwise (i.e., by majority vote)?
☐ Separately ☐ Jointly ☐ Other: _____

2. The following are the powers you may grant to your agent(s). Cross out any power you *do not* want to grant to your agent(s).

- | | |
|--|---|
| • real property transactions | • personal and family maintenance and care, such as determining where the principal will live, providing meals, hiring household employees, providing transportation, handling mail, and arranging recreation and entertainment |
| • tangible personal property transactions | • benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service |
| • stock and bond transactions | • retirement plan transactions |
| • commodity and option transactions | • tax matters |
| • banking and other financial institution transactions | |
| • business operating transactions | |
| • insurance and annuity transactions | |
| • estate, trust, and other beneficiary transactions | |
| • claims and litigation | |

3. Do you want to include any special instructions to limit or extend the powers granted to your agent(s)?

4. Unless you direct otherwise, the Power of Attorney will be effective immediately upon signing and will continue until revoked. If you would like to provide alternative directions regarding duration, please explain:

Dated: _____

Signature

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