

Power of Attorney Survey Form

Giving someone your Power of Attorney form allows that person called your "Attorney-in-Fact" to manage your financial affairs if you are incapacitated or unable to make decisions for yourself. However, you do not have to be incapacitated to give someone else permission to act on your behalf. This document gives the agent(s) you appoint authority to manage your assets.

PERSONAL DATA

Name _____ Date of Birth _____

U.S. Citizen? Yes _____ No _____

Spouse Name _____ Date of Birth _____

U.S. Citizen? Yes _____ No _____

Street Address _____ Apt _____ County _____

City _____ State _____ Zip _____

Telephone Number: H: _____ Cell: _____ Spouse Cell: _____

Work: _____ Spouse Work: _____ Email: _____

SELECTION OF AGENTS

Please identify the person or persons who will serve as your "**Attorney(s)-in-Fact.**" It is assumed that your spouse or life partner will be your primary agent unless you state otherwise.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

SUCCESSOR ATTORNEY(S)-IN-FACT (While it is not required, you may wish to appoint one or more individuals to serve if the person or persons named above are unable or unwilling to serve.)

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

If you selected two or more individuals to serve as your agents please select one of the following options.

Each attorney-in-fact may independently exercise powers granted.

All attorneys-in-fact must jointly exercise the powers granted.

POWERS GIVEN

Please select the powers you wish your agent to be able to exercise on your behalf.

(A) Real property transactions

(B) tangible personal property transactions

(C) bond, share, and commodity transactions

(D) banking transactions

(E) business operating transactions

(F) insurance transactions

(G) beneficiary transactions

(H) gift transactions

(I) fiduciary transactions

(J) claims and litigation

(K) family maintenance

(L) benefits from military service

(M) records, reports, and statements

(N) All of the above

EFFECTIVE DATE

Please select one of the following options.

___ This power of attorney shall be effective immediately and continue to be effective if I become incapacitated or incompetent.

___ This power of attorney shall only be effective when and if I become incapacitated or incompetent.

GIFTS TO ATTORNEY(S)-IN-FACT

Please select one of the following options.

___ I do not authorize any of my attorney(s)-in-fact to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

I authorize _____ (write in names), as my attorney(s)-in-fact, to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

ATTORNEY(S)-IN-FACT ACCOUNTING

Please select one of the following options.

___ My attorney(s)-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statute, section 523.21.

___ My attorney(s)-in-fact must render _____ {Monthly}, {Quarterly}, {Annual} accountings to me or _____ (Name and address) during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.