

**POWER OF ATTORNEY**  
**FOR FINANCIAL**

**DESIGNATION OF AGENT**

I, \_\_\_\_\_, name the following person as my agent:

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_, \_\_\_\_\_, MT

Agent's Telephone Number: \_\_\_\_\_

**DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)**

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Telephone Number: \_\_\_\_\_

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Title 72, chapter 31, part 3: (INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

\_\_\_\_\_ Real Property

\_\_\_\_\_ Tangible Personal Property

\_\_\_\_\_ Stocks and Bonds

\_\_\_\_\_ Commodities and Options

\_\_\_\_\_ Banks and Other Financial Institutions

\_\_\_\_\_ Operation of Entity or Business

\_\_\_\_\_ Insurance and Annuities

\_\_\_\_\_ Estates, Trusts, and Other Beneficial Interests

\_\_\_\_\_ Claims and Litigation

\_\_\_\_\_ Personal and Family Maintenance

\_\_\_\_\_ Benefits from Governmental Programs or Civil or Military Service

\_\_\_\_\_ Retirement Plans

\_\_\_\_\_ Taxes

\_\_\_\_\_ All Preceding Subjects

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent/person to whom the agent owes an obligation of support unless I have included that authority in the Special or Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

.....  
.....  
.....  
.....  
.....  
.....

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for guardian of my person: .....

Nominee's Address: .....

Nominee's Telephone Number: .....

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

\_\_\_\_\_  
Type name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Your Name Printed

\_\_\_\_\_  
Phone: \_\_\_\_\_

State of Montana        )  
                                  :ss.  
County of \_\_\_\_\_ )

This document was acknowledged before me on \_\_\_\_\_, 2012, by  
\_\_\_\_\_.

(Notarial Seal)

(Signature of Notary)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
NOTARY PUBLIC FOR THE STATE OF MONTANA

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## **IMPORTANT INFORMATION FOR AGENT**

### **AGENT'S DUTIES**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest; (2) act in good faith; (3) do nothing beyond the authority granted in this power of attorney; and (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent. Unless the Special Instructions in this power of attorney state otherwise, you must also: (1) act loyally for the principal's benefit; (2) avoid conflicts that would impair your ability to act in the principal's best interest; (3) act with care, competence, and diligence; (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal; (5) cooperate with any person who has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and (6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### **TERMINATION OF AGENT'S AUTHORITY**

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include: (1) death of the principal; (2) the principal's revocation of the power of attorney or your authority; (3) the occurrence of a termination event stated in the power of attorney; (4) the purpose of the power of attorney is fully accomplished; or (5) if you are married to the principal, a legal action is filed with a court to end or annul your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

## **LIABILITY OF AGENT**

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act, Title 72, chapter 31, part 3. If you violate the Uniform Power of Attorney Act, Title 72, chapter 31, part 3, or act outside the authority granted, you may be liable for any damages caused by your violation. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

## **AGENT CERTIFICATION – OPTIONAL FORM**

**Agent’s Certification is an optional form and may be used by an agent to certify facts concerning a power of attorney.**

**\*\*Note: The Legal Service Developer Program recommends this form be signed by the agent.**

### **AGENT’S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT’S AUTHORITY**

State of Montana

County of \_\_\_\_\_

I, \_\_\_\_\_, Agent, certify under penalty of perjury that \_\_\_\_\_, Principal, granted me authority as agent or successor agent in a power of attorney dated \_\_\_\_\_.

I further certify that to my knowledge:

- (1) the principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) if the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) if I was named as a successor agent, the prior agent is no longer able or willing to serve;

and

(4) \_\_\_\_\_

(Insert other relevant statements)

### SIGNATURE AND ACKNOWLEDGMENT

\_\_\_\_\_  
Agent's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name Printed

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
Agent's Telephone Number

State of Montana                    )  
  :SS  
County of \_\_\_\_\_            )

This document was acknowledged before me on \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_  
(Name of Agent)

(Notarial Seal)

(Signature of Notary)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
**NOTARY PUBLIC FOR THE STATE OF MONTANA**  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_