

POWER OF ATTORNEY

Effective date: [DATE]. Complete the bracketed fields and remove unused options before signing.

Principal: [FULL LEGAL NAME], [ADDRESS], [NOTICE EMAIL].

1. AGENT

Primary agent: [FULL NAME, ADDRESS AND CONTACT]. Successor agent and when they act: [DETAILS OR NONE]. If multiple agents are named, they act [JOINTLY / SEPARATELY / SPECIFIED METHOD]. Agent eligibility and acceptance requirements: [DETAILS].

2. POWERS

Only the following powers are intended: [PRECISE LIST OF TRANSACTIONS OR ASSETS]. Excluded powers: [LIST]. Gifts, beneficiary changes, self-dealing and delegation are not authorized unless specifically stated here and permitted: [TERMS OR NONE]. This draft does not grant healthcare powers unless the required healthcare instrument is completed.

3. START AND DURATION

Authority begins [ON VALID EXECUTION / SPECIFIED DATE / DEFINED CONDITION]. Evidence for any triggering condition: [DETAILS]. Treatment of incapacity: [DESIRED EFFECT SUBJECT TO APPLICABLE LAW]. Expiry: [DATE / EVENT]. Authority ends on death and otherwise as applicable law requires.

4. AGENT DUTIES

Act within the granted authority and required duties, avoid unauthorized conflicts, keep funds separate, keep records and provide accounts to [PERSON / PROCESS]. Expenses and any compensation: [TERMS]. Principal contact and instructions: [DETAILS].

5. REVOCATION AND FORMALITIES

Revocation method and notice recipients: [DETAILS]. Required official form, witnesses, acknowledgment, registration or certificate: [IDENTIFY AND COMPLETE]. Do not rely on this planning text alone where a prescribed form or additional step is required.

EXECUTION AND ACCEPTANCE RECORD

Place and date: [DETAILS]. Required witness names, addresses and signatures: [DETAILS]. Required acknowledgment / certificate / registration: [DETAILS]. Agent acceptance, if required: [NAME, SIGNATURE AND DATE].

SIGNATURES

Principal: [NAME]

Signature: _____ Date: _____

Signing capacity, if applicable: [TITLE / CAPACITY]