

South Carolina Limited Power of Attorney

I, _____ whose address is _____

_____, hereby
appoint _____, my true and lawful agent and attorney
in fact to act in my name and behalf for the following specific acts:

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this _____ day of _____, 20_____.

Principal



Witnesses:

Witnesses' Signatures:

STATE OF _____

County of _____

Subscribed, sworn to and acknowledged before me by _____,
the Principal, and subscribed, sworn to and acknowledged before me this _____ day
of _____.

(Notary Seal)

(Signature of Notary Public)