ALABAMA POWER OF ATTORNEY FORM

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, ____________________________ (Name of Principal), name the following person as my agent:

Name of Agent: __________________

Agent's Address: __________________________

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: ____________________

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

Name of Second Successor Agent: _______________________

Second Successor Agent's Address: _________________________

Second 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 Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:

____________________________________________________
(Signature of Principal)

OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

_____ - Real Property as defined in Section 26-1A-204

_____ - Tangible Personal Property as defined in Section 26-1A-205

_____ - Stocks and Bonds as defined in Section 26-1A-206

_____ - Commodities and Options as defined in Section 26-1A-207

_____ - Banks and Other Financial Institutions as defined in Section 26-1A-208

_____ - Operation of Entity or Business as defined in Section 26-1A-209

_____ - Insurance and Annuities as defined in Section 26-1A-210

_____ - Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

_____ - Claims and Litigation as defined in Section 26-1A-212

_____ - Personal and Family Maintenance as defined in Section 26-1A-213
- Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

- Retirement Plans as defined in Section 26-1A-215

- Taxes as defined in Section 26-1A-216

- Gifts as defined in Section 26-1A-217

**GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL the specific authority you WANT to give your agent.)

- Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law

- Make a gift to which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in this power of attorney

- Create or change rights of survivorship

- Create or change a beneficiary designation

- Authorize another person to exercise the authority granted under this power of attorney

- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

- Exercise fiduciary powers that the principal has authority to delegate

**LIMITATIONS ON AGENT'S AUTHORITY**

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

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

(a) Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as
(b) My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am a trustee.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

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 or guardian] 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

(Signature of Principal)

Your Signature Date: ______________________

Your Name Printed: ______________________

Your Address: _______________________________________

Your Telephone Number: ______________________

State of ______________________

[County] of ______________________

I, ______________________, a Notary Public, in and for the County in this State, hereby certify that ______________________, whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, he or she executed the same voluntarily on the day the same bears date.

Given under my hand this the _____ day of ______________________, 20____.

__________________________________________________________________ (Seal, if any)

Signature of Notary

My commission expires: ______________________

[This document prepared by: ______________________]

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 that 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 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 Alabama Uniform Power of
Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama
Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, 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'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of ______________________
[County] of ______________________

I, ______________________ (Name of Agent), [certify] under penalty of perjury that ______________________ (Name of Principal) granted me authority as an 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

__________________________________________
(Signature of Agent)

Agent Signature Date: ______________________

Agent Name Printed: ______________________

Agent Address: ______________________

Agent Telephone Number: ______________________

State of ______________________
[County] of ______________________

This document was acknowledged before me on ______________________ (Date)

By ______________________ (Name of Agent)

__________________________________________
(Signature of Notary) (Seal, if any)

[This document prepared by: ______________________]