

DURABLE FINANCIAL POWER OF ATTORNEY

Caution: This document will give the person you designate power to access your assets. Read it carefully. If you do not understand it, DO NOT SIGN IT, and contact an attorney for assistance.

1. A Durable Financial Power of Attorney is governed by Arizona Revised Statutes §§ 14-5501-5507. It will allow you to designate an adult to make limited financial decisions on your behalf. It is not a substitute for a will or a trust. Before signing it, you should understand what it does and does not do.

<i>This Document Does Allow Your Representative to</i>	<i>This Document Does NOT Allow Your Representative to</i>
<ul style="list-style-type: none">● Withdraw from your bank accounts● Enter your safe deposit box● Collect monies owed to you including debts, insurance proceeds, interest dividends, annuities, employee benefits, etc.● Bring or settle lawsuits on your behalf● Discharge debts owed to you● Buy or sell property (real or otherwise) on your behalf● Borrow money on your behalf● Enter into transactions on your behalf	<ul style="list-style-type: none">● Gift your assets away● Borrow money from you● Conduct estate planning on your behalf, including making a will● Conduct Medicaid or long-term care planning on your behalf.● Do any transactions after you are deceased

2. For this Durable Financial Power of Attorney to be valid, you must, *at the time it is signed*, be capable of understanding the effect it will have. Once signed, it will continue to be valid even if you become incapacitated.

3. Give careful consideration as to whom you name as your representative. You are giving this person the right to access your assets and he/she should act in your best interests. If the person you name does not act in your best interests, that person will be subject to both criminal and civil penalties under Arizona Revised Statutes § 46-456.

4. Insert your name in the first blank in the first paragraph of Page 2 of this Durable Financial Power of Attorney. Insert the county in which you live in the second blank. Insert the name of the person whom you have chosen as your representative in the third blank.

5. *You must complete the rest of this Durable Financial Power of Attorney before a witness and a Notary Public.* Your representative, your representative's spouse or your representative's children *cannot* act as witness or a Notary for this document. Date and sign this Durable Financial Power of Attorney on Page 3 before the witness and the Notary Public. If you cannot physically sign the document, you may direct someone else to sign on your behalf, but this direction must be given in front of the Notary Public. The witness must also sign this Durable Financial Power of Attorney and include his/her address. The Notary Public must complete the notarization on Page 3.

6. You should be aware that some banks or other institutions may not accept this Durable Financial Power of Attorney. If this occurs, contact an attorney for assistance.

This is a standardized Durable Financial Power of Attorney form. It may or may not meet your individual needs. Nothing in this packet should be construed as legal advice. Please consult a knowledgeable attorney regarding your specific legal needs. This packet is provided as a public service by JacksonWhite P.C.

40 North Center Street, Suite 200, Mesa, Arizona 85201 Telephone: 480.464.1111

and to contract for any services rendered by any bank or financial institution.

Initials: _____
Principal Witness

3. Power with Respect to Safe Deposit Boxes. To contract with any institution for the maintenance of a safe deposit box in my name; to have access to all safe deposit boxes in my name or with respect to which I am an authorized signatory, whether or not the contract for such safe deposit box was executed by me (either alone or jointly with others) or by the Agent in my name; to add to and remove from the contents of any such safe deposit box and to terminate any and all contracts for such boxes.

Initials: _____
Principal Witness

4. Power to Demand and Receive. To ask, demand, sue for and receive all sums of money which are or shall become due, owing or payable to me, or which belong or shall belong to me, whether social security benefits, pension payments, individual retirement accounts, dividends, interests, annuities, debts, or any other receivables, and to use all lawful ways and means in my name for the recovery thereof, and to defend suits at law.

Initials: _____
Principal Witness

5. Brokerage Accounts. With respect to any account with any brokerage firm: (a) to effect purchases and sales (including short sales), to subscribe for and to trade in stocks, bonds, options, or other securities, or limited partnership interests or investments and trust units, whether or not in negotiable form, issued or unissued, foreign exchange, commodities, and contracts relating to same (including commodity futures), on margin or otherwise, for my account(s) and risk; (b) to deliver to any third party securities for my account(s), and to instruct any third party to deliver securities from my account(s) to any other brokerage firm or to others, and in such name and form as the Agent may direct; (c) to instruct any third party to make payment of moneys from my account(s) with any third party, and to receive and direct payments therefrom payable to me or to others; (d) to sell, assign, endorse and transfer any stocks, bonds, options or other securities of any nature, at any time standing in my name and to execute any documents necessary to effectuate the foregoing; (e) to receive statements of transactions made for my account(s); (f) to approve and confirm the same, to receive any and all notices, calls for margin, or other demands with reference to my account(s); and (g) to make any and all agreements with any third party with reference thereto for me and on my behalf.

Initials: _____
Principal Witness

6. Employ Consultants. To employ, compensate and terminate the services of financial, investment and legal advisors and consultants.

Initials: _____
Principal Witness

7. Power with Respect to Insurance. To purchase, maintain, surrender, collect or cancel (a) life insurance or annuities of any kind on my life or the life of any one in whom I have an insurable interest, (b) liability insurance protecting me and my estate against third party claims, (c) hospital insurance, medical insurance, Medicare supplement insurance, custodial care insurance, and disability income insurance for me or any of my dependents, and (d) casualty insurance

principal, signed this power of attorney as a witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Dated: _____

Signature of Witness

Printed Name of Witness

STATE OF ARIZONA)
) ss.
County of Maricopa)

Subscribed, sworn to, and acknowledged before me, the undersigned Notary Public, by _____, the principal, and subscribed, sworn to, and acknowledged before me by _____, witness, this ____ day of _____, 2010

Notary Public F:\MNOMKS\POAs\FPOAs\newform\FPOA-blanks.wpd