

ARKANSAS
STATUTORY FORM POWER OF ATTORNEY

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 [Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68](#).

This power of attorney does not authorize the agent to make health-care decisions for you.

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 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 coagent in the Special Instructions. Coagents 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 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: _____

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, Arkansas Code Title 28, Chapter 68:

(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

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 ONLY the specific authority you WANT to give your agent. If you DO NOT want to give any of these powers to your agent, do not initial anything.)

- Amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of § 28-68-217 of the Uniform Power of Attorney Act and 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

LIMITATION 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.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

Please indicate when you want your Power of Attorney to become effective:

_____ This power of attorney is effective immediately unless I have stated otherwise.

_____ This power of attorney shall become effective only upon my disability or incapacity and shall endure through such events.

For purposes of determining my incapacity, I shall be deemed to be incapacitated in the event my agent shall come into possession of either of the following:

(1) A valid court order appointing a guardian or conservator of my person or estate, or otherwise holding me to be legally incapacitated to act on my own behalf; or

(2) A duly executed and acknowledged written certificate of a licensed physician certifying that such physician has examined me and has concluded that by reason of accident, physical or mental illness, deterioration, or other similar cause, I have become incapacitated and unable to act rationally and prudently in financial matters.

Such incapacity shall be deemed to continue until such court order or certificate have become inapplicable or have been revoked. A physician's certificate may be revoked by a similar certificate to the effect that I am no longer incapacitated, executed either (i) by the originally certifying physician or (ii) by another licensed physician.

I hereby authorize the physician(s) who examine me for the purposes of determining my incapacity to disclose my physical or mental condition to the person(s) named herein as my agent and attorney-in-fact. This authorization is intended to comply with the requirements of the Health insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA regulations, and other State and Federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.]

_____ This power of attorney is only effective from _____ to _____.

_____ Other. Please specify. _____

NOMINATION OF GUARDIAN (OPTIONAL)

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

Name of Nominee for 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

Date

NAME

ADDRESS

PHONE NUMBER

ADDRESS

ACKNOWLEDGMENT

STATE OF ARKANSAS)
COUNTY OF _____)

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual, _____. The individual personally appeared before me and signed above or acknowledged the signature above as his or her own on the _____ day of _____, 20____. I declare under penalty of perjury that the individual appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

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 Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68. If you violate the Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68, 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.

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STATUTORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION

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This power of attorney does not authorize the agent to make health-care decisions for you.

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 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 coagent in the Special Instructions. Coagents 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.

Commented [O1]: Depending on the instructions you include in your power of attorney, you could be giving someone the authority to sell your home, add their name to your bank account, sell your investments or take other meaningful steps that could harm you financially. Consider limiting the powers you give away to what is actually necessary and seek legal advice if you are at all confused.

DESIGNATION OF AGENT

I, _____, name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

Commented [O2]: Fill in your name. The person making the form should be the person who wants to designate powers to someone else.

Commented [O3]: The agent is the person who will act on your behalf regarding your finances.

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: _____

Commented [O4]: The successor agent is the person who will make financial decisions for you if your agent can't act for you.

Commented [O5]: If you don't want to name anyone, just leave blank.

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, Arkansas Code Title 28, Chapter 68](#):

(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](#)
- [Gifts](#)
- [All Preceding Subjects](#)

Commented [O6]: All of the options in this list are specifically defined by Arkansas law and are referenced if you check the box. For example, real property includes selling, mortgaging, managing, giving away and insuring real property among other things. Carefully consider if you want to provide all of the powers that are described when you click on the link before initialing.

Commented [O7]: You won't be able to manage Social Security benefits from a POA. Your agent could try to become a [representative payee](#) to manage these benefits.

Commented [O8]: You can initial just this one if you want your agent to do all of the above.

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 ONLY the specific authority you WANT to give your agent. If you DO NOT want to give any of these powers to your agent, do not initial anything.)

- Amend, revoke, or terminate an **inter vivos trust**
- Make a gift, subject to the limitations of § 28-68-217 of the Uniform Power of Attorney Act and 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

Commented [O9]: Most people do not mark the boxes in this section because they give away great powers that may be unintended or that are not in line with the rest of your estate plan.

Commented [O10]: This is a trust that is established during your lifetime that can designate how your property should be managed for you or other beneficiaries you name.

Commented [O11]: This could allow your agent to rename the beneficiary in your life insurance policy.

Commented [O12]: This would give your agent the right to have anyone else they choose to act as your agent, even if that wasn't your original intent.

LIMITATION 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.

Commented [O13]: This statement says that your agent should not use his or her power to personally benefit from being named as an agent. Your agent owes you a fiduciary duty to put your interests above their own.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

Commented [O14]: You can add in special instructions in these lines. For example, you might want your successor agent to have fewer powers than your original agent. You might want to try to avoid financial abuse by stating that your agent must provide an annual accounting to you and/or another trusted individual you name, that your agent must get your permission before conducting a transaction over a certain dollar amount that you specify or that gives Adult Protective Services the power to revoke this POA if it is determined that your agent was abusing the authority.

EFFECTIVE DATE

Please indicate when you want your Power of Attorney to become effective:

This power of attorney is effective immediately unless I have stated otherwise.

Commented [O15]: Check one of these four boxes.

This power of attorney shall become effective only upon my disability or incapacity and shall endure through such events.

For purposes of determining my incapacity, I shall be deemed to be incapacitated in the event my agent shall come into possession of either of the following:

Commented [O16]: This section basically says that the POA is "springing," meaning that it only springs into effect IF you become incapacitated. Incapacity is determined by a judge in a guardianship proceeding or other legal action making this finding or a licensed physician writing a certificate to this effect.

(1) A valid court order appointing a guardian or conservator of my person or estate, or otherwise holding me to be legally incapacitated to act on my own behalf; or

(2) A duly executed and acknowledged written certificate of a licensed physician certifying that such physician has examined me and has concluded that by reason of accident, physical or mental illness, deterioration, or other similar cause, I have become incapacitated and unable to act rationally and prudently in financial matters.

Such incapacity shall be deemed to continue until such court order or certificate have become inapplicable or have been revoked. A physician's certificate may be revoked by a similar certificate to the effect that I am no longer incapacitated, executed either (i) by the originally certifying physician or (ii) by another licensed physician.

I hereby authorize the physician(s) who examine me for the purposes of determining my incapacity to disclose my physical or mental condition to the person(s) named herein as my agent and attorney-in-fact. This authorization is intended to comply with the requirements of the Health insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA regulations, and other State and Federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.]

This power of attorney is only effective from to .

Commented [O17]: You can fill in dates.

Other. Please specify.

Commented [O18]: For certain purposes or timeframes, such as only if I am out of the country or only for the transaction to sell my home, etc.

NOMINATION OF **GUARDIAN** (OPTIONAL)

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

Name of Nominee for **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

Date

NAME

ADDRESS

PHONE NUMBER

ADDRESS

Commented [O19]: You can NOMINATE a guardian in this section. A guardian is someone who would potentially be able to make decisions about you and your property if you were found to be incapacitated. You are not giving anyone guardianship by filling out this section. You are just saying who you would choose if you could. The proposed guardian would have to petition

Commented [O20]: The person who can make important decisions about your property.

Commented [O21]: The person who can make important decisions about your day-to-day life, such as where you live and what type of medical treatment you receive

Commented [O22]: This says that the bank, creditor, etc. can rely on this form without needing a separate court order.

IMPORTANT INFORMATION FOR AGENT

Commented [O23]: Make a copy of your signed POA and give it to your agent. Be sure they read these back pages. Give anyone else who might need a copy to them if you have made the agent's powers effective immediately.

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 Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68. If you violate the Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68, 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.