

INDIANA GENERAL (FINANCIAL) 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 Indiana Title 30 Article 5 "Powers of Attorney."

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 revoke the power of attorney or the agent resigns or is unable to act for you.

DESIGNATION OF AGENT

I, _____ name the following person as my agent:

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: _____

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 Indiana Code Title 30 Article 5.

(CHECK 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 check "All Preceding Subjects" instead of checking 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 CHECKED 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. CHECK ONLY the specific authority you WANT to give your agent.)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations 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
- Disclaim or refuse an interest in property, including a power of appointment

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

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

Your Signature: _____ Date: _____

Your Printed Name: _____

Your Address: _____

Your Telephone Number: _____

STATEMENT OF WITNESS

On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

WITNESS No. 1

Signature: _____

Printed Name: _____

Address: _____

WITNESS No. 2:

Signature: _____

Printed Name: _____

Address: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Indiana

County of _____

Acknowledged before me this _____ day of _____ (month), 20____(year) by
_____ (name of principal). The affiant is (choose
one): personally known to me, or produced the following identification:

Signature of Notary: _____

My commission expires: _____

(Seal, if any)