

ARKANSAS GENERAL POWER OF ATTORNEY

Written in accordance with Ch. 68 "Uniform Power of Attorney Act"

IMPORTANT INFORMATION

This General 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 Arkansas' Title 28 Chapter 68 "Uniform Power of Attorney Act".

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 Arkansas Statute § 26-68-201.

(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: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____

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)

