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Legal Forms & Services

FirstName LastName

SOUTH CAROLINA  
POWER OF ATTORNEY

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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

**Finalizing a Power of Attorney in South Carolina**

After printing your document, you will need to finalize it. Below are the steps:

1. Print out your document
2. Review, initial, sign, and date in front of a notary and two witnesses
3. Have two witnesses sign and date
4. Have notary sign and date
5. Keep document in a safe place

**Notice:** Some state laws require the principal to initial or sign next to the powers they have granted in order for that power to be effective. To make sure you have initialed and/or signed in the correct places, you should review your form and your state's laws on powers of attorney requirements.

Some state laws prohibit certain people from being witnesses to a power of attorney. Review your state's laws on witness requirements for powers of attorney.

In addition, your agent may be required to verify their authority with a certification or affidavit, or provide specimen signatures before a party will honor your power of attorney.

**SOUTH CAROLINA POWER OF ATTORNEY**

**OF FirstName LastName**

**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 Title 62, Article 8 of the Code of Laws of South Carolina.

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 reimbursement of expenses reasonably incurred on behalf of the principal and to compensation that is reasonable under the circumstances.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a successor agent. 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 shall be durable unless you state otherwise. This power of attorney becomes effective immediately unless you state otherwise.

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, FirstName LastName, name the following person as my agent:

Name:	FirstName LastName
Address:	222 Street Address City, South Carolina12345
Phone:	555-555-5555

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

Name: FirstName LastName

Address: 333 Street Address  
City, South Carolina 12345  
Phone: 555-555-5555

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

Name: FirstName LastName  
Address: 444 Street Address  
City, South Carolina 12345  
Phone: 555-555-5555

### GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects I have INITIALED below as defined in §62-8-204 through §62-8-217 in Title 62, Article 8 of the Code of Laws of South Carolina:

- Real property §62-8-204;
- Tangible personal property §62-8-205;
- Stocks and bonds §62-8-206;
- Commodities and options §62-8-207;
- Banks and other financial institutions §62-8-208;
- Operation of entity or business §62-8-209;
- Insurance and annuities §62-8-210;
- Estates, trusts, and other beneficial interests §62-8-211;
- Claims and litigation §62-8-212;
- Personal and family maintenance §62-8-213;
- Benefits from governmental programs or civil or military service §62-8-214;
- Retirement plans §62-8-215;
- Taxes §62-8-216; and
- Gifts §62-8-217

**GRANT OF SPECIFIC AUTHORITY**

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

- \_\_\_\_\_  Create, amend, revoke, or terminate a trust, pursuant to §62-7-602A;
- \_\_\_\_\_  Make a gift pursuant to §62-8-201;
- \_\_\_\_\_  Create or change rights of survivorship;
- \_\_\_\_\_  Create or change a beneficiary designation;
- \_\_\_\_\_  Delegate authority granted under the 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 an interest in property, including a power of appointment;
- \_\_\_\_\_  Access a safe deposit box or vault leased by the principal;
- \_\_\_\_\_  Exercise a power of appointment in favor of someone other than the principal;
- \_\_\_\_\_  Reject, renounce, disclaim, release, or consent to a reduction in or modification of a share in or payment from an estate, trust, or other beneficial interest; or
- \_\_\_\_\_  Deal with commodity futures contracts and call or put options on stocks or stock indexes.

**LIMITATION ON AGENT’S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY use my property to benefit the agent or a person to whom the agent owes an obligation of support.

**EFFECTIVE DATE**

This power of attorney shall become effective upon the disability of the principal and is durable, meaning that this power of attorney shall not be affected by the disability of the principal.

**SPECIAL INSTRUCTIONS**

Revocation. All my previously executed powers of attorney are hereby revoked.

Compensation. My agent is entitled to reasonable compensation for actions taken pursuant to this power of attorney.

Special Instructions. I have no other instructions at this time.

**NOMINATION OF CONSERVATOR OR GUARDIAN**

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

Name:            FirstName LastName  
Address:         222 Street Address, City, South Carolina 12345  
Phone:           555-555-5555

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

Name:            FirstName LastName  
Address:         333 Street Address, City, South Carolina 12345  
Phone:           555-555-5555

**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 has actual knowledge it has terminated or is invalid.

**SIGNATURE AND ACKNOWLEDGMENT**

I, FirstName LastName, the principal, sign my name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my power of attorney that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older (or if under the age of eighteen, am married or emancipated as decreed by a family court), of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Printed Name of Principal

111 Street Address

City, South Carolina 12345

Phone:555-555-5555

Email:name@email.com

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, and at least one of us, being first duly sworn, does hereby declare, generally and to the undersigned authority, that the principal signs and executes this instrument as their power of attorney and that the principal signs it willingly (or willingly directs another to sign for principal), and that each of us, in the presence and hearing of the principal, hereby signs this will as witness to the principal's signing, and that to the best of our knowledge the principal is eighteen years of age or older (or if under the age of eighteen, was married or emancipated as decreed by a family court), of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

FirstName LastName, the Principal and \_\_\_\_\_, at least one of the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the principal signed and executed the instrument as their power of attorney and that principal had signed willingly (or willingly directed another to sign for principal), and that they executed it as their free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the principal, signed the power of attorney as witness and to the best of his knowledge the principal was at that time eighteen years of age or older (or if under the age of eighteen, was

married or emancipated as decreed by a family court), of sound mind, and under no constraint or undue influence.

SEAL

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_



## **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:

FirstName LastName 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 your authority or the power of attorney;

- (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 Title 62, Article 8 of the Code of Laws of South Carolina. If you violate Title 62, Article 8 of the Code of Laws of South Carolina 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, FirstName LastName, granted me authority as an agent or successor agent in a power of attorney dated \_\_\_\_\_ (Date of POA).

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) the action I desire to take is within the scope of my authority granted under the Power of Attorney;

(3) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(4) if I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(5) \_\_\_\_\_

\_\_\_\_\_

(Insert Other Relevant Statements)

**Signature and Acknowledgment**

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name Printed

\_\_\_\_\_  
Agent's Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Agent's Address

This document was acknowledged before me on \_\_\_\_\_ (Date), by

\_\_\_\_\_, (Name of Agent).

Signature of Notary: \_\_\_\_\_ (Seal if any)

My commission expires: \_\_\_\_\_