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Legal Forms & Services

FirstName LastName

PENNSYLVANIA

POWER OF ATTORNEY

## **DISCLAIMER:**

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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 Pennsylvania**

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.

**PENNSYLVANIA POWER OF ATTORNEY  
OF FirstName LastName**

**NOTICE**

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

\_\_\_\_\_  
FirstName LastName

\_\_\_\_\_  
Date

**DESIGNATION OF AGENT**

I, FirstName LastName, of 111 Street Address, City, Pennsylvania 12345, name the following person as my agent:

Name: FirstName LastName

Address: 222 Street Address, City, Pennsylvania 12345

**DESIGNATION OF SUCCESSOR AGENT(S)**

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

Name: FirstName LastName

Address: 333 Street Address, City, Pennsylvania 12345

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

Name: FirstName LastName

Address: 444 Street Address, City, Pennsylvania 12345

**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 20 Pa.C.S.A. § 5603:

- The power to create a trust for my benefit.
- The power to make additions to an existing trust for my benefit.
- The power to claim an elective share of the estate of my deceased spouse.
- The power to renounce fiduciary positions.
- The power to withdraw and receive the income or corpus of a trust.
- The power to engage in real property transactions.
- The power to engage in tangible personal property transactions.
- The power to engage in stock, bond and other securities transactions.
- The power to engage in commodity and option transactions.
- The power to engage in banking and financial transactions.
- The power to borrow money.
- The power to enter safe deposit boxes.
- The power to engage in insurance and annuity transactions.

- \_\_\_\_\_  The power to engage in retirement plan transactions.
- \_\_\_\_\_  The power to handle interests in estates and trusts.
- \_\_\_\_\_  The power to pursue claims and litigation.
- \_\_\_\_\_  The power to receive government benefits.
- \_\_\_\_\_  The power to pursue tax matters.
- \_\_\_\_\_  The power to operate a business or entity.
- \_\_\_\_\_  The power to provide for personal and family maintenance.

### **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 an inter vivos trust other than as permitted under the grant of general authority above.
- \_\_\_\_\_  Make a gift.
- \_\_\_\_\_  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 property, including a power of appointment.
- \_\_\_\_\_  Access the electronic communications and digital assets of the principal as defined in Pa.C.S.A. § 3902.

### **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.

### **SPECIAL INSTRUCTIONS**

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

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

Special Instructions. I leave the following special instructions for my agent: I have no special instructions at this time.

**EFFECTIVE DATE**

This power of attorney shall become effective upon my disability or incapacity. I shall be considered to be under a disability if I am unable to manage my property and affairs effectively.

**NOMINATION OF GUARDIAN OR CONSERVATOR**

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

Name:            FirstName LastName  
Address:        555 Street Address, City, Pennsylvania 12345  
Phone:          555-555-5555

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

Name:            FirstName LastName  
Address:        666 Street Address, City, Pennsylvania 12345  
Phone:          555-555-5555

**GOVERNING LAW**

This Power of Attorney shall be governed by the laws of the Commonwealth of Pennsylvania.

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgements (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

**SIGNATURE AND ACKNOWLEDGMENT**

Principal's Signature: \_\_\_\_\_

Principal's Printed Name: FirstName LastName

Principal's Address: 111 Street Address, City, Pennsylvania, 12345

Date: \_\_\_\_\_

**Witness 1**

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Witness 2**

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**COMMONWEALTH/STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

BEFORE ME, the undersigned authority on this day personally appeared FirstName LastName, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that the instrument was executed for the purposes and consideration therein expressed.

Signature of Notarial Officer: \_\_\_\_\_

Title (and Rank): \_\_\_\_\_

My commission expires:

**ACKNOWLEDGMENT OF AGENT**

I, FirstName LastName, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

\_\_\_\_\_  
FirstName LastName

\_\_\_\_\_  
Date