VERMONT DURABLE (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 the Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127.

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 does not revoke powers of attorney previously executed by you unless you initial the introductory paragraph under DESIGNATION OF AGENT that all previous powers of attorney are revoked.

This form provides for designation of one Agent. If you wish to name more than one Agent, you may name a co-agent in the Special Instructions.

Co-agents 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, _____, of _____, City of _____,

State of _____(the "Principal"): (**INITIAL** all that apply)

_____Revoke all previous powers of attorney; and

_____ Name the following person as my Agent:

Name of Agent: _____("Agent")

Agent's Address: _____, City of _____,

State of _____

Agent's Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT (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: _____, City of _____,

State of _____

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 Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127.

(**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 GOVERNMENT PROGRAMS.**

_____ **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.)

_____ An Agent who is not an ancestor, spouse, or descendant may exercise authority under this Power of Attorney to create in the Agent or in an individual to whom the Agent owes a legal obligation of support an interest in my property whether by gift, rights of survivorship, beneficiary designation, disclaimer, or otherwise

_____ Create, amend, revoke, or terminate an inter vivos, family, living, irrevocable, or revocable trust

_____ Consent to the modification or termination of a noncharitable irrevocable trust under 14A V.S.A. § 411

_____ Make a gift, subject to the limitations of 14 V.S.A. § 4047 (gifts) and any special instructions in this Power of Attorney

_____ Create, amend, or change rights of survivorship

_____ Create, amend, or change a beneficiary designation

_____ 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

_____ Authorize another person to exercise the authority granted under this Power of Attorney

_____ Disclaim or refuse an interest in property, including a power of appointment

_____ Exercise authority with respect to elective share under 14 V.S.A. § 319

_____ Exercise waiver rights under 14 V.S.A. § 323

_____ Exercise authority over the content and catalogue of electronic communications and digital assets under 14 V.S.A. chapter 125 (Vermont Revised Uniform Fiduciary Access to Digital Assets Act)

_____ Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks

_____ Convey, or revoke or revise a grantee designation, by enhanced life estate deed pursuant to chapter 6 of Title 27 or under common law.

LIMITATION ON AGENT'S AUTHORITY

An Agent who 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 following Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

_____

_____

_____

EFFECTIVE DATE

This Power of Attorney becomes effective when executed unless the Principal has initialed one of the following:

_____ This Power of Attorney is effective only upon my later incapacity; OR

_____ This Power of Attorney is effective only upon my later incapacity or unavailability; OR

_____ I direct that this Power of Attorney shall become effective when one or more of the following occurs:

_____

NOMINATION OF GUARDIAN (OPTIONAL)

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

Name of Nominee for guardian of my estate: _____

Address: _____

Telephone Number: _____

Name of Nominee for guardian of my person: _____

Address: _____

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. Unless expressly stated otherwise, this Power of Attorney is durable and shall remain valid if I become incapacitated or unavailable.

SIGNATURE AND ACKNOWLEDGMENT

IN WITNESS WHEREOF, on _____, I have executed this Power of Attorney.

_____
Principal's Signature

_____
Printed Name

STATE OF VERMONT

_____County, ss.

On _____, before me appeared _____, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

_____
Notary Public

(seal, if any)

_____
Print Name

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 your 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 interests;

(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 interests; 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 interests.

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 Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127. If you violate the Vermont Uniform Power of Attorney Act, or act outside the authority granted, you may be liable for any damages caused by your violation. In addition to civil liability, failure to comply with your duties and authority granted under this document could subject you to criminal prosecution.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.