

# ALABAMA POWER OF ATTORNEY FORM

## I. NOTICE

THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE ALABAMA UNIFORM POWER OF ATTORNEY ACT (ALABAMA CODE TITLE 26, CHAPTER 1A). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

## II. APPOINTMENT OF AGENT

I, \_\_\_\_\_ (Principal's Name), residing at:

\_\_\_\_\_  
\_\_\_\_\_

hereby appoint the following individual as my Agent (attorney-in-fact):

Name of Agent: \_\_\_\_\_

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

Agent's Telephone Number: \_\_\_\_\_

to act for me in any lawful way with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act.

### **III. 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 Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Telephone Number: \_\_\_\_\_

### **IV. 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 Alabama Uniform Power of Attorney Act, Title 26, Chapter 1A, Sections 204 through 217.

(Check the boxes of the subjects you wish to grant authority for. If you wish to grant authority for all subjects, check the last box "All Preceding Subjects").

- ☐ Real Property (Alabama Code § 26-1A-204)
- ☐ Tangible Personal Property (Alabama Code § 26-1A-205)
- ☐ Stocks and Bonds (Alabama Code § 26-1A-206)
- ☐ Commodities and Options (Alabama Code § 26-1A-207)
- ☐ Banks and Other Financial Institutions (Alabama Code § 26-1A-208)
- ☐ Operation of Entity or Business (Alabama Code § 26-1A-209)
- ☐ Insurance and Annuities (Alabama Code § 26-1A-210)

- ☐ Estates, Trusts, and Other Beneficial Interests (Alabama Code § 26-1A-211)
- ☐ Claims and Litigation (Alabama Code § 26-1A-212)
- ☐ Personal and Family Maintenance (Alabama Code § 26-1A-213)
- ☐ Benefits from Governmental Programs or Civil or Military Service (Alabama Code § 26-1A-214)
- ☐ Retirement Plans (Alabama Code § 26-1A-215)
- ☐ Taxes (Alabama Code § 26-1A-216)
- ☐ **All Preceding Subjects**

## **V. 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.)

\_\_\_\_\_ Create, amend, revoke, or terminate an inter vivos trust

\_\_\_\_\_ Make a gift, subject to the limitations of the Alabama Uniform Power of Attorney Act

\_\_\_\_\_ 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

## **VI. 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 below.

## **VII. SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

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## **VIII. EFFECTIVE DATE**

This Power of Attorney is effective: (Check one)

☐ Immediately upon my signing of this document.

☐ Upon my disability or incapacity (Springing Power). I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician certifies in writing at a date subsequent to the date which this Power of Attorney is executed that I am mentally incapable of

managing my financial affairs.

## **IX. DURABILITY**

This Power of Attorney is durable. It shall not be affected by my subsequent disability, incapacity, or lapse of time.

## **X. 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:

Nominee's Name: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

## **XI. 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.

## **XII. GOVERNING LAW**

This Power of Attorney shall be governed by the laws of the State of Alabama.

## **XIII. SIGNATURE AND ACKNOWLEDGMENT**

I, the Principal, sign my name to this Power of Attorney on the date stated below, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and 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 expressed in the Power of Attorney, and

that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

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

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Print Name:** \_\_\_\_\_

#### **XIV. NOTARY PUBLIC ACKNOWLEDGMENT**

State of Alabama

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

I, \_\_\_\_\_ (Name of Notary), a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_ (Name of Principal), whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Notary Signature:** \_\_\_\_\_

(Seal)

**My Commission Expires:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

#### **XV. AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of Alabama

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

I, \_\_\_\_\_ (Name of Agent), certify under penalty of perjury that \_\_\_\_\_ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I further certify that to my knowledge:

- (1) The Principal is alive and has not revoked the Power of Attorney or my authority;
- (2) The Power of Attorney and my authority have not terminated;
- (3) If the Power of Attorney was 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)

**Agent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Print Name:** \_\_\_\_\_

**Agent's Address:** \_\_\_\_\_

**Agent's Telephone Number:** \_\_\_\_\_