

ARKANSAS POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL

As the "Principal," you are using this Power of Attorney to grant power to another person (called the "Agent") to make decisions about your money, property, or other matters. An Agent's duties are legal and financial, not medical. This document does not authorize anyone to make medical or other health care decisions for you.

This Power of Attorney is durable, meaning it remains effective even if you become incapacitated or incompetent. 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.

I. DESIGNATION OF AGENT

I, _____, of _____
(Address), _____ (City), Arkansas,
_____ (Zip Code) (the "Principal"), hereby designate and
appoint:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone: _____

as my Agent to act for me and in my name and for my use and benefit.

II. DESIGNATION OF SUCCESSOR AGENT

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: _____

III. 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 Arkansas Uniform Power of Attorney Act (Arkansas Code Title 28, Subtitle 5, Chapter 68).

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

- ☐ 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

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent MAY NOT do any of the following specific acts for me UNLESS I have checked the specific box below. These powers are distinct from the general authority granted above and require express authorization pursuant to A.C.A. § 28-68-201.

(Check all that apply)

- ☐ Create, amend, revoke, or terminate an inter vivos trust
- ☐ Make a gift, subject to the limitations of the Arkansas 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

V. 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.

VI. SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

VII. EFFECTIVE DATE

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions.

VIII. NOMINATION OF GUARDIAN

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

Nominee's Name: _____

Nominee's Address: _____

IX. 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.

X. GOVERNING LAW

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

XI. SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature

I sign my name to this Power of Attorney on the date listed below.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Witnesses (Recommended but not required by Arkansas law if Notarized)

We, the witnesses, each sign this instrument in the presence of the Principal, and at the Principal's request, and declare that the Principal signs it willingly (or willingly directs another to sign for the Principal), and that each of us, in the presence of the Principal, signs this instrument as witness.

Witness 1

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Witness 2

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

XII. NOTARY ACKNOWLEDGMENT

State of Arkansas

County of _____

On this _____ day of _____, 20____, before me,

_____ (Name of Notary), the undersigned Notary Public,

personally appeared _____ (Name of Principal), known to

me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument

and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

XIII. AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Arkansas

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 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) _____
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(Insert other relevant statements, if any)

Agent's Signature

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Telephone: _____

Notary Acknowledgment for Agent

State of Arkansas

County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Title: Notary Public

(Seal)

My Commission Expires: _____ day of _____, 20____