

# FLORIDA POWER OF ATTORNEY FORM

## I. INTRODUCTION

This Florida Durable Power of Attorney is made and entered into on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between:

### The Principal:

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

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

City: \_\_\_\_\_ State: Florida Zip Code: \_\_\_\_\_

### The Agent (Attorney-in-Fact):

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

## II. DESIGNATION OF AGENT

I, the Principal, hereby designate and appoint the Agent named above to act as my true and lawful attorney-in-fact (hereinafter referred to as the "Agent") to act for me and in my name, place, and stead.

### **III. DURABILITY PROVISION**

Pursuant to Florida Statutes Section 709.2104, this Power of Attorney is durable and shall not be affected by my subsequent disability, incapacity, or incompetence. This Power of Attorney is effective immediately upon execution.

### **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 Florida Power of Attorney Act (Florida Statutes Chapter 709). My Agent is authorized to act on my behalf regarding the following matters:

- ☐ 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

If no boxes are checked above, it is my intent to grant my Agent authority over ALL the subjects listed above to the full extent permitted by Florida law.

## **V. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

**ATTENTION PRINCIPAL:** Pursuant to Florida Statutes Section 709.2202, my Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(Initials) \_\_\_\_\_ Create an inter vivos trust.

(Initials) \_\_\_\_\_ With respect to a trust created by or on behalf of the Principal, amend, modify, revoke, or terminate the trust, but only if the trust instrument explicitly provides for amendment, modification, revocation, or termination by the settlor's agent.

(Initials) \_\_\_\_\_ Make a gift, subject to the limitations of Florida Statutes Section 709.2202(4).

(Initials) \_\_\_\_\_ Create or change rights of survivorship.

(Initials) \_\_\_\_\_ Create or change a beneficiary designation.

(Initials) \_\_\_\_\_ Waive the Principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

(Initials) \_\_\_\_\_ Disclaim property and powers of appointment.

## **VI. SUCCESSOR AGENT**

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I designate the following person to serve as my Successor Agent:

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

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

## **VII. AGENT'S DUTIES AND STANDARD OF CARE**

My Agent shall act in accordance with the Principal's reasonable expectations to the extent actually known by the Agent and, otherwise, in the Principal's best interest, act in good faith, and act only within the scope of authority granted in this Power of Attorney.

My Agent shall keep a record of all receipts, disbursements, and transactions made on behalf of the Principal.

## **VIII. THIRD PARTY RELIANCE**

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. Pursuant to Florida Statutes Section 709.2119, a third party who accepts this Power of Attorney in good faith without actual knowledge that the Power of Attorney is void, invalid, or terminated, or that the Agent is exceeding or improperly exercising the Agent's authority, may rely upon the Power of Attorney as if the Power of Attorney were genuine, valid, and still in effect, the Agent's authority were genuine, valid, and still in effect, and the Agent had not exceeded and had properly exercised the authority.

## **IX. REVOCATION**

I hereby revoke any and all Powers of Attorney previously executed by me. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

## **X. GOVERNING LAW**

This Power of Attorney shall be governed by, construed, and enforced in accordance with the laws of the State of Florida.

## **XI. SPECIAL INSTRUCTIONS**

The following are special instructions limiting or extending the powers granted to my Agent:

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## **XII. 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: \_\_\_\_\_

## **STATEMENT OF WITNESSES**

**IMPORTANT:** Florida law requires this Power of Attorney to be signed by **two (2) witnesses**.

**Witness 1**

I, the witness, swear that the Principal signed this instrument in my presence.

Signature: \_\_\_\_\_

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

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

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

## **Witness 2**

I, the witness, swear that the Principal signed this instrument in my presence.

Signature: \_\_\_\_\_

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

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

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

## **NOTARY ACKNOWLEDGMENT**

State of Florida

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

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ (Name of Principal), who is personally known to me  
or who has produced \_\_\_\_\_ as identification.

Signature of Notary Public: \_\_\_\_\_

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

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

(Seal)