

HAWAII POWER OF ATTORNEY FORM

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 Uniform Power of Attorney Act, Chapter 551E, Hawaii Revised Statutes.

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 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.

I. DESIGNATION OF AGENT

I, _____ (Name of Principal), with a mailing address of _____, name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

II. 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: _____

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

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

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 Uniform Power of Attorney Act, Chapter 551E, Hawaii Revised Statutes:

(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 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 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.)

_____ Create, amend, revoke, or terminate an inter vivos trust

_____ Make a gift, subject to the limitations of the Uniform Power of Attorney Act, Chapter 551E, Hawaii Revised Statutes, and any special instructions in this power of attorney

_____ 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 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: _____

Nominee for guardian of my person:

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. SIGNATURE AND ACKNOWLEDGMENT

Your Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Telephone Number: _____

XI. NOTARY PUBLIC

State of Hawaii

County of _____

On this _____ day of _____, 20____, before me personally appeared
_____ (Name of Principal), to me known to be the person
described in and who executed the foregoing instrument and acknowledged that he/she/they
executed the same as his/her/their free act and deed.

Signature of Notary Public: _____

Print Name: _____

My Commission Expires: _____ day of _____, 20____

(Seal)

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

(Optional but recommended for the Agent to sign when using the Power of Attorney)

State of Hawaii

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 Principal was competent to execute the Power of Attorney and was not under undue influence to the best of my knowledge;
 - (3) The Power of Attorney and my authority have not terminated;
 - (4) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
 - (5) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
 - (6) _____
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(Insert other relevant statements)

Signature of Agent: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Telephone Number: _____

XIII. NOTARY PUBLIC (FOR AGENT'S CERTIFICATION)

State of Hawaii

County of _____

On this ____ day of _____, 20____, before me personally appeared
_____ (Name of Agent), to me known to be the person
described in and who executed the foregoing instrument and acknowledged that he/she/they
executed the same as his/her/their free act and deed.

Signature of Notary Public: _____

Print Name: _____

My Commission Expires: ____ day of _____, 20____

(Seal)