

MONTANA POWER OF ATTORNEY FORM

I. APPOINTMENT OF AGENT

This Power of Attorney is made on the ____ day of _____, 20____, by and between:

The Principal:

Name: _____

Address: _____

City: _____ State: Montana Zip Code: _____

The Agent:

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my Agent is unable or unwilling to act for me, I name as my Successor Agent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

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 Montana Uniform Power of Attorney Act (Title 72, Chapter 31, Part 3, Montana Code Annotated).

(Check the boxes of the subjects you wish to grant authority for. You may check "All of the Above" to grant all powers listed.)

- ☐ 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 of the Above**

IV. GRANT OF SPECIFIC AUTHORITY

My Agent **MAY NOT** do any of the following specific acts for me UNLESS I have marked the specific authority listed below. Granting any of the following powers gives your Agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

(Check and initial the specific acts you wish to authorize.)

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

VI. SPECIAL INSTRUCTIONS

Any special instructions or limitations on the Agent's authority are as follows:

VII. DURABILITY AND EFFECTIVE DATE

(Check one of the following to determine the validity and effective date of this document.)

☐ **Durable Power of Attorney.** This Power of Attorney shall become effective immediately upon the date of execution and shall not be affected by my subsequent disability or incapacity.

☐ **Springing Power of Attorney.** This Power of Attorney shall become effective only upon my disability or incapacity. I shall be considered disabled or incapacitated if a physician certifies in writing that I am unable to manage my financial affairs.

☐ **Non-Durable Power of Attorney.** This Power of Attorney shall become effective immediately but shall terminate upon my disability or incapacity.

VIII. NOMINATION OF CONSERVATOR OR GUARDIAN

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 for Conservator of my Estate:

Nominee for Guardian of my Person:

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. Pursuant to Montana Code Annotated Section 72-31-324, any person who in good faith accepts this acknowledged Power of Attorney without actual knowledge that the Power of Attorney is void, invalid, or terminated, may rely upon the Power of Attorney as if the Power of Attorney were genuine, valid and still in effect.

X. REVOCATION

I hereby revoke all prior Powers of Attorney created by me, except:

1. Powers of Attorney granted exclusively for military purposes;
2. Powers of Attorney for Health Care; and
3. Powers of Attorney related to the management of specific business interests which were explicitly intended to survive this general grant.

XI. GOVERNING LAW

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

XII. SIGNATURE AND ACKNOWLEDGMENT

PRINCIPAL

Signature: _____
Print Name: _____
Date: _____ day of _____, 20____
Address: _____

NOTARY ACKNOWLEDGMENT

State of Montana
County of _____

This instrument was acknowledged before me on the _____ day of _____, 20____, by
_____ (Name of Principal).

Signature of Notary Public: _____
Printed Name of Notary: _____

(Seal, if any)

Title or Rank: _____
Residing at: _____
My Commission Expires: _____ day of _____, 20____

XIII. AGENT'S CERTIFICATION AND ACCEPTANCE

I, _____ (Name of Agent), have read the attached Power of Attorney and am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

1. I shall act in good faith, in accordance with the Principal's reasonable expectations to the extent actually known by me, and otherwise in the Principal's best interest;
2. I shall act loyally for the Principal's benefit;
3. I shall not create a conflict of interest that impairs my ability to act impartially in the Principal's best interest;
4. I shall keep a record of all receipts, disbursements, and transactions made on behalf of the Principal.

AGENT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____

Address: _____