

SOUTH CAROLINA POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL:

THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE SOUTH CAROLINA UNIFORM POWER OF ATTORNEY ACT (SOUTH CAROLINA CODE OF LAWS, TITLE 62, ARTICLE 8). 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.

I. APPOINTMENT OF AGENT

I, the undersigned Principal, hereby appoint the following person as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the subjects indicated below:

The Principal: _____

Address: _____

The Agent: _____

Address: _____

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

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

The Successor Agent: _____

Address: _____

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 South Carolina Uniform Power of Attorney Act (S.C. Code Ann. §§ 62-8-204 through 62-8-217):

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

- Real Property (S.C. Code Ann. § 62-8-204)
- Tangible Personal Property (S.C. Code Ann. § 62-8-205)
- Stocks and Bonds (S.C. Code Ann. § 62-8-206)
- Commodities and Options (S.C. Code Ann. § 62-8-207)
- Banks and Other Financial Institutions (S.C. Code Ann. § 62-8-208)
- Operation of Entity or Business (S.C. Code Ann. § 62-8-209)
- Insurance and Annuities (S.C. Code Ann. § 62-8-210)
- Estates, Trusts, and Other Beneficial Interests (S.C. Code Ann. § 62-8-211)
- Claims and Litigation (S.C. Code Ann. § 62-8-212)
- Personal and Family Maintenance (S.C. Code Ann. § 62-8-213)
- Benefits from Governmental Programs or Civil or Military Service (S.C. Code Ann. § 62-8-214)
- Retirement Plans (S.C. Code Ann. § 62-8-215)
- Taxes (S.C. Code Ann. § 62-8-216)
- 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 powers listed above and require express authorization pursuant to S.C. Code Ann. § 62-8-201.

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of the South Carolina 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
- Disclaim or refuse an interest in property, including a power of appointment

V. DURABILITY AND EFFECTIVE DATE

This Power of Attorney shall be construed as follows (Check one):

- Durable Power of Attorney.** This Power of Attorney is effective immediately and shall not be affected by my subsequent disability or incapacity, or lapse of time.

Springing Power of Attorney. This Power of Attorney shall become effective only upon my disability or incapacity.

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

VI. 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: _____

VII. RELIANCE BY THIRD PARTIES

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 S.C. Code Ann. § 62-8-119, 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.

VIII. REVOCATION

I hereby revoke 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.

IX. GOVERNING LAW

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

X. SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature

I, the Principal, sign my name to this Power of Attorney this _____ day of _____, 20_____, 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 years of age or older, of sound mind, and under no constraint or undue influence.

PRINCIPAL

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

Witnesses

ATTESTATION: The foregoing Power of Attorney was, on the date written above, published and declared by the Principal in our presence to be his/her Power of Attorney. We, in the presence of the Principal and in the presence of each other, have subscribed our names as attesting witnesses.

Witness 1:

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

Witness 2:

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF SOUTH CAROLINA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20
_____, by _____ (Name of Principal).

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ day of _____, 20 _____

(Seal)

XI. AGENT'S CERTIFICATION (OPTIONAL)

The following optional form may be used by an Agent to certify facts concerning a Power of Attorney.

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

State of South Carolina

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 to act under the Power of Attorney 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) _____

(Insert other relevant statements)

SIGNATURE OF AGENT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

Telephone: _____

NOTARY PUBLIC ACKNOWLEDGMENT FOR AGENT'S CERTIFICATION

STATE OF SOUTH CAROLINA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____, by _____ (Name of Agent).

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ day of _____, 20 _____

(Seal)