

# VIRGINIA POWER OF ATTORNEY FORM

---

**NOTICE TO THE PRINCIPAL:** THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A POWER OF ATTORNEY THAT GRANTS THE PERSON YOU DESIGNATE AS YOUR AGENT BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT YOUR ADVANCE NOTICE OR APPROVAL. THESE POWERS WILL EXIST IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

## I. APPOINTMENT OF AGENT

This Power of Attorney is made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, the undersigned Principal, hereby appoint the following individual 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

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

The Successor Agent: \_\_\_\_\_

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

## III. EFFECTIVE DATE AND DURABILITY

This Power of Attorney shall become effective: (Check one)

- ☐ Immediately upon the date of execution of this instrument.
- ☐ Only upon my disability or incapacity as determined by a written certification from my attending physician.

#### **DURABILITY PROVISION:**

Pursuant to the Uniform Power of Attorney Act of Virginia (Va. Code Ann. § 64.2-1600 et seq.), this Power of Attorney is Durable. This Power of Attorney shall not be affected by my subsequent disability, incapacity, or incompetence, or by the lapse of time.

#### **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 Uniform Power of Attorney Act of Virginia:

(Check the boxes below to grant specific powers. If you wish to grant ALL powers, check the box for "All Preceding Subjects")

- ☐ **Real Property:** Authority to buy, sell, lease, mortgage, and manage real estate.
- ☐ **Tangible Personal Property:** Authority to buy, sell, lease, and manage personal property.
- ☐ **Stocks and Bonds:** Authority to buy, sell, and exchange stocks, bonds, and mutual funds.
- ☐ **Commodities and Options:** Authority to buy, sell, exchange, and manage commodities and options.
- ☐ **Banks and Other Financial Institutions:** Authority to open, close, and manage bank accounts, safe deposit boxes, and other financial accounts.
- ☐ **Operation of Entity or Business:** Authority to manage, operate, and take action regarding any business or entity in which I have an interest.
- ☐ **Insurance and Annuities:** Authority to procure, maintain, and manage insurance and annuity contracts.
- ☐ **Estates, Trusts, and Other Beneficial Interests:** Authority to act with respect to any estate, trust, or other beneficial interest.
- ☐ **Claims and Litigation:** Authority to assert, defend, settle, and manage legal claims and litigation.
- ☐ **Personal and Family Maintenance:** Authority to provide for the support and maintenance of myself and my family.
- ☐ **Benefits from Governmental Programs or Civil or Military Service:** Authority to apply for and manage government benefits (e.g., Social Security, Medicare, Medicaid, VA benefits).
- ☐ **Retirement Plans:** Authority to manage retirement plans and accounts.
- ☐ **Taxes:** Authority to prepare, sign, and file tax returns and represent me before tax authorities.
- ☐ **All Preceding Subjects:** Grants all of the authorities listed above.

## **V. 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 \_\_\_\_\_ Create, amend, revoke, or terminate an inter vivos trust.

Initial \_\_\_\_\_ Make a gift, subject to the limitations of the Virginia Uniform Power of Attorney Act.

Initial \_\_\_\_\_ Create or change rights of survivorship.

Initial \_\_\_\_\_ Create or change a beneficiary designation.

Initial \_\_\_\_\_ Authorize another person to exercise the authority granted under this Power of Attorney.

Initial \_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

Initial \_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate.

## **VI. 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.

## **VII. SPECIAL INSTRUCTIONS**

On the following lines, I may give special instructions limiting or extending the powers granted to my Agent:

---

---

---

---

### **VIII. 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. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

### **IX. NOMINATION OF GUARDIAN OR CONSERVATOR**

If a court decides that it is necessary to appoint a guardian or conservator of my estate or person, I nominate my Agent designated above to serve in that capacity.

### **X. GOVERNING LAW**

This Power of Attorney shall be governed by the laws of the Commonwealth of Virginia.

### **XI. SIGNATURE AND ACKNOWLEDGMENT**

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

---

### **PRINCIPAL**

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

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

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

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

### **XII. WITNESSES**

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 and executes this instrument as their Power of Attorney, and that the Principal signs it willingly, and that each of us, in the presence of the Principal, signs this Power of Attorney as a witness.

---

WITNESS 1

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

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

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

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

---

WITNESS 2

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

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

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

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

**XIII. NOTARY ACKNOWLEDGMENT**

Commonwealth of Virginia

City/County of \_\_\_\_\_

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

---

Notary Public Signature

---

Notary Public Printed Name

My Commission Expires: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Registration Number: \_\_\_\_\_

(Seal)

#### **XIV. AGENT'S ACCEPTANCE OF APPOINTMENT**

I, the undersigned 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 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 in good faith;
3. I shall act only within the scope of authority granted in the Power of Attorney; and
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: \_\_\_\_\_