## **NEW HAMPSHIRE**

## STATUTORY POWER OF ATTORNEY

## INFORMATION CONCERNING THE POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

Notice to the Principal: As the "Principal," you are using this Power of Attorney to grant power to another person (called the "Agent") to make decisions, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney, your Agent will continue to have these powers after you become incapacitated. You have the right to retain this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind. If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

Principal's Signature:
Date:
1. DESIGNATION OF AGENT
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name the following person as my agent:
Name of Agent:
Agent's Address:
2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)
If my agent is unable or unwilling to act for me, I name the following person as m
successor agent:
Name of Successor Agent:
Successor Agent's Address:
If my successor agent is unable or unwilling to act for me, I name the following
person as my second successor agent:

Name of Second Successor Agent:
Second Successor Agent's Address:
3. REVOCATION OF EXISTING POWERS OF ATTORNEY
(Initial the following statement if it is your choice.)
This Power of Attorney revokes all existing powers of attorney previously
executed by me.
4. GRANT OF GENERAL AUTHORITY
(Initial beside your choice of A or B, but not both.)
A. I grant my agent general authority to act for me in all matters, including,
without limitation, all of the subjects enumerated in B below.
B. I grant my agent general authority over the following subjects as defined in
the following sections of the Uniform Power of Attorney Act:
(Initial each subject you want to include in the agent's general authority.)
Real Property as defined in RSA 564-E:204
RSA 564-E:214
Retirement Plans as defined in RSA 564-E:215
Retirement Flans as defined in RSA 304-E.213
5. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)
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(Initial each subject you want to include in the agent's authority. CAUTION: As to
some of the following subjects, granting your agent authority 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.)
My agent MAY NOT do any of the following specific acts for me UNLESS I have
INITIALED the specific authority listed below:
Create, amend, revoke, or terminate an inter vivos trust
of Attorney Act
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(If you have granted your agent the authority to make a gift,
then as to
each of the following statements, initial beside it if it is your
choice.)
My agent may make a gift, even if it will leave me without
sufficient
assets or income to provide for my care without relying on Medicaid, other
public assistance or charity.
My agent may make a gift to himself or herself and to any
individual to
whom my agent owes a legal obligation of support.
Create or change rights of survivorship
Create or change a beneficiary designation
Delegate authority granted under this Power of Attorney to another person
Waive my right to be a beneficiary of a joint and survivor annuity, including a
survivor benefit under a retirement plan
Exercise the fiduciary power(s) that I have the authority to delegate as
specified in the "Special Instructions" in Paragraph 7 of this Power of Attorney
Exercise authority over the content of electronic communication sent or
received by me
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Exercise authority with respect to intellectual property, including, without
limitation, copyrights, contracts for payment of royalties, and trademarks
6. LIMITATION ON AGENT'S AUTHORITY (OTHER THAN GIFTING)
(If an agent (including successor agent) named in this Power of Attorney is someone
other than an ancestor of yours, your spouse, or a descendant of yours, you must
initial the following statement if it is your choice that such agent have the following
authority. An agent who is an ancestor of yours, your spouse, or a descendant of
yours already has the following authority under New Hampshire law.)
My agent may exercise authority under this Power of Attorney to create in my
agent, or in an individual to whom my agent owes a legal obligation of support, an
interest in my property by any manner (other than a gift), including, without
limitation, by right of survivorship, beneficiary designation, or disclaimer.
7. SPECIAL INSTRUCTIONS (OPTIONAL)
(Here you may include special instructions. You may leave this Paragraph blank.
You may attach additional pages as necessary.)

## 8. EFFECTIVE DATE AND AUTHORITY OF AGENT

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions in Paragraph 7 of this Power of Attorney. An agent (including successor agent) named in this Power of Attorney will have no authority to act as my agent until he or she has signed and affixed to this Power of Attorney an acknowledgment that is substantially the same as the Acknowledgment at the end of this Power of Attorney.

## 9. GOVERNING LAW

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

## 10. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgements (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

## SIGNATURE AND ACKNOWLEDGMENT

(You must date and sign this Power of Attorney. If you are physically unable to sign, it may be signed by someone else writing your name, in your presence and at your express direction. This Power of Attorney must be acknowledged before a notary public or other individual authorized by law to take acknowledgments.)

Principal's Signature:	
Principal's Printed Name:	
Principal's Address:	
Date:	
STATE OF NEW HAMPSHIRE	
COUNTY OF	
The foregoing Power of Attorney was acknowledged before me on	
by	
named herein	
Signature of Notarial Officer:	
Title (and Rank):	
My commission expires:	

# AGENT ACKNOWLEDGMENT