

POWER OF ATTORNEY WORKSHEET

BLDG 708: (478) 926-9276, DSN 468-9276

PLEASE PRINT LEGIBLY UNIT _____ RANK _____

TODAY'S DATE _____ HOME# _____ WORK # _____

GRANTOR:
(YOUR NAME) _____
(FIRST, MI, LAST)

SSN _____ RETIRED MILITARY? _____

LEGAL RESIDENCE _____
(STATE LISTED ON L.E.S. FOR TAXES)

PRESENT ADDRESS _____
(STREET, CITY, STATE, ZIP CODE)

APPOINTEE:
NAME _____
(FIRST, MI, LAST)

ADDRESS _____
(STREET, CITY, STATE, ZIP CODE)

EXPIRATION DATE _____
(1-2 YEARS RECOMMENDED)

TYPE: (CIRCLE THE ONES YOU NEED)

GENERAL (VERY GENERAL/SPECIAL POWER OF ATTORNEY MAY BE REQUIRED FOR
SOME THINGS – PLEASE SEE REVERSE) *

SPECIAL (LIMITS THE ACTS OF YOUR AGENT) *

**** PLEASE CHECK WITH BUSINESSES AND BANKING INSTITUTIONS TO MAKE SURE
THEY WILL ACCEPT THE POWER OF ATTORNEY AS WRITTEN BEFORE DEPLOYING.
SOME BUSINESSES HAVE SPECIAL REQUIREMENTS THAT WE ARE NOT AWARE OF
AND HAVING A POWER OF ATTORNEY DOES NOT GUARANTEE A BUSINESS WILL
ACCEPT IT. IT IS YOUR RESPONSIBILITY TO CHECK ON THIS IN ADVANCE.***

***PLEASE SEE THE REVERSE SIDE OF THIS SHEET TO DETERMINE
WHETHER YOU NEED A SPECIAL POWER OF ATTORNEY.***

FOR OFFICIAL USE ONLY

**A SPECIAL POWER OF ATTORNEY MAY BE REQUIRED
IF YOU ANSWER YES TO ANY OF THE FOLLOWING :**

1. ARE YOU PLACING A VEHICLE IN THE CONTROL OF SOMEONE WHOSE NAME IS NOT ON THE TITLE? IF SO, PLEASE LIST VEHICLE YEAR, MAKE, MODEL, VIN#, AND INDICATE WHAT YOU WANT THEM TO BE ABLE TO DO WITH THE VEHICLE (EX. DRIVE, REPAIR, REGISTER, SELL, ETC.).

2. DOES THIS PERSON NEED ACCESS TO YOUR CHECKING AND SAVINGS ACCOUNTS BUT THEY ARE NOT LISTED ON THE ACCOUNT WITH YOU? IF YES, PLEASE NAME THE BANK, LOCATION OF THE BANK AND ACCOUNT NUMBER.

3. WILL THIS PERSON BE TAKING CARE OF A HOME THAT YOU OWN WHILE YOU ARE GONE? IF SO, PLEASE GIVE THE ADDRESS OF THE HOME AND INDICATE WHETHER YOU WOULD ALSO LIKE THEM TO BE ABLE TO TRANSFER, INITIATE OR TERMINATE UTILITIES IN YOUR NAME.

4. ARE YOU SELLING OR BUYING A HOUSE? (NEED TO LIST THE LEGAL DESCRIPTION OF THE HOUSE/PROPERTY)

5. DO YOU WANT THIS PERSON TO BE ABLE TO INQUIRE INTO YOUR FINANCE OR PAY RECORDS?

6. CUSTODIAL (MEDICAL OR DENTAL CARE, AND SCHOOL ISSUES FOR DEPENDANT CHILDREN)

DOB	NAME	DOB	NAME
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DOB	NAME	DOB	NAME
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