

**SPECIAL DURABLE POWER OF ATTORNEY**  
**FOR BANK ACCOUNT MATTERS**

STATE OF DELAWARE  
COUNTY OF \_\_\_\_\_

NOTICE

**As the person signing this durable power of attorney you are the Principal.**

**The purpose of this power of attorney is to give the person you designate (your "Agent") broad powers to handle your property, which may include powers to sell, dispose of, or encumber any real or personal property without advance notice to you or approval by you.**

**This power of attorney does not authorize your Agent to make health-care decisions for you.**

**Unless you specify otherwise, your Agent's authority will continue even if you become incapacitated, or until you die or revoke the power of attorney, or until your Agent resigns or is unable to act for you. You should select someone you trust to serve as your Agent.**

**This power of attorney does not impose a duty on your Agent to exercise granted powers, but when powers are exercised, your Agent must use due care to act for your benefit and in accordance with this power of attorney.**

**Your Agent must keep your funds and other property separate from your Agent's funds and other property.**

**A court can take away the powers of your Agent if it finds your Agent is not acting properly.**

**The powers and duties of an Agent under a durable power of attorney are explained more fully in Delaware Code, Title 12, Chapter 49A, Section 49A-114 and Sections 49A-201 through 49A-217.**

**If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.**

**I have read or had explained to me this notice and I understand its contents.**

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Date**

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_, of \_\_\_\_\_ County, Delaware, being of sound mind and memory, do hereby make, constitute and appoint

\_\_\_\_\_ as my true and lawful agent and attorney in fact (hereinafter sometimes called "my agent"), with full power and authority to act for me, individually, and in my name, place and stead, with reference to the transaction of any and all business related to or connected with my bank accounts at \_\_\_\_\_ Bank, \_\_\_\_\_ (Address), \_\_\_\_\_ (City), Delaware, \_\_\_\_\_ (Zip Code) hereinafter "Bank", including, but not limited to, the following:

1. Making deposits, transfers and withdrawals to or from any of my bank accounts at Bank.
2. Writing, making and endorsing checks, drafts and other instruments in connection with my bank accounts at Bank.
3. Opening new checking, savings, money market, certificates of deposit, IRA's or other accounts in my name and maintaining same.
4. Approving and authorizing automatic withdrawals from my accounts.
5. Executing signature cards for accounts maintained or opened by my agent in my name.
6. Performing any and all other matters relating to, or in connection with, my bank accounts at Bank.

I direct that the above-related powers and authority of my said agent shall be so exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act in my own behalf at the time of any action on my behalf by said agent. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

Bank shall honor this Power of Attorney until and unless Bank receives written notice of revocation of same signed by me. Bank is hereby indemnified and shall be held harmless by the undersigned for any and all actions taken by my agent regarding my accounts at Bank, regardless of whether within the intended scope of this Power of Attorney or not; therefore, Bank shall have no liability for the actions of my agent or for following the directions of my agent in connection with my bank accounts at Bank.

IN WITNESS WHEREFORE, I have executed this Special Power of Attorney on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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**PRINCIPAL**

The principal has had an opportunity to read the above form and has signed and executed the above form in my presence as the free act and deed of the Principal. I, the undersigned, being over 18 years of age, not related to the principal by blood, marriage, or adoption; or entitled to any portion of the estate of the principal under the principal's now existing will or codicil or amendment thereto or trust instrument, witness the principal's signature at the request and in the presence of the principal, on the day and year above set out.

Witness:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**AGENT'S CERTIFICATION**

I, \_\_\_\_\_, have read the attached durable power of attorney and I am the person identified as the Agent or \_\_\_\_\_ (Name of Agent) identified as the Agent for the Principal. To the best of my knowledge this power has not been revoked. I hereby acknowledge that, in the absence of a specific provision to the contrary in the durable power of attorney, when I act as Agent:

I shall exercise the powers for the benefit of the Principal.

I shall keep the assets of the Principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the Principal.

I shall, to the extent reasonably practicable under the circumstances, keep in regular contact with the Principal and communicate with the Principal.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date