## SPECIAL DURABLE POWER OF ATTORNEY FOR BANK ACCOUNT MATTERS

Warning: This is an important legal document. Before executing as principal or acting

under this instrument as agent, you should consider the following:

## **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 about your property and to use your property on your behalf. Under this power of attorney you give your Agent broad and sweeping powers to sell or otherwise dispose of your property without notice to you. Under this document your Agent will continue to have these powers after you become incapacitated. The powers that you give your Agent are explained more fully in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9. You have the right to revoke this power of attorney at any time as long as you are not incapacitated. If there is anything about this power of attorney that you do not understand you should ask a lawyer to explain it to you.

## **Notice to the Agent:**

As the "Agent" you are given power under this power of attorney to make decisions about the property belonging to the Principal and to dispose of the Principal's property on the Principal's behalf in accordance with the terms of this power of attorney. This power of attorney is valid only if the Principal is of sound mind when the Principal signs it. When you accept the authority granted under this power of attorney a special legal relationship is created between you and the Principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. The duties are more fully explained in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9 and Title 18-B, sections 802 to 807 and Title 18-B, chapter 9. As the Agent, you are generally not entitled to use the Principal's property for your own benefit or to make gifts to yourself or others unless the power of attorney gives you such authority. If you violate your duty under this power of attorney you may be liable for damages and may be subject to criminal prosecution. You must stop acting on behalf of the Principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events of termination are more fully explained in the Maine Uniform Power of Attorney Act and include, but are not limited to, revocation of your authority or of the power of attorney by the Principal, the death of the Principal or the commencement of divorce proceedings between you and the Principal. If there is anything about this power of attorney or your duties under it that you do not understand you should ask a lawyer to explain it to you.

STATE OF M COUNTY OF	AINE
KNOW ALL	MEN BY THESE PRESENTS:
sound mind ar true and lawfu power and aut to the transac	of County, Maine, being of address, do hereby make, constitute and appoint as my all agent and attorney in fact (hereinafter sometimes called "my agent"), with full hority to act for me, individually, and in my name, place and stead, with reference tion of any and all business related to or connected with my bank accounts a gent Bank, (Address),
(City), Maine following:	, (Zip Code) hereinafter "Bank", including, but not limited to, the
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

-	DDINGIDA I	
	PRINCIPAL	
Witness		
Witness		
STATE OF MAINE COUNTY OF		
The foregoing instrument was acknowledged (name of person ack		(date)
	Notary Public Print Name:	
ATT	<u>ESTATION</u>	
The hereinafter named Witnesses, ear of the State of Maine, that the principal is peacknowledged this special power of attorney sound mind and under no duress, fraud or unas attorney-in-fact by this document and that of the principal. We are not related to the prest of our knowledge, are not entitled to any the principal under a will now existing or by	ersonally known to us, that in our presence, that the adue influence, that we are we witnessed this power or or incipal by blood, marriago part of the estate of the process of the proces	at the principal signed and principal appears to be of a not the person appointed of attorney in the presence ge or adoption, and to the
WITNESSES:	WITNESSES:	
Signature	Signature	
Print Name:	Print Name:	

City: State: Zip:	City: State: Zip:
Principal Name and Address	Attorney-in-Fact Name and Address
Name:	Name:
Address:	Address:
City:	City:

State:

Phone:

Zip:

Zip:

State:

Phone: