

SPECIAL DURABLE POWER OF ATTORNEY
FOR BANK ACCOUNT MATTERS

STATE OF MINNESOTA
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS:

That I, _____ of _____ County, Minnesota, 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), Minnesota, _____ (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.

(Signature of Notary Public or other Official)

Acknowledgement of notice to attorney(s)-in-fact and specimen signature of attorney(s)-in-fact. By signing below, I acknowledge I have read and understand the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT required by Minnesota Statutes, section 523.23, and understand and accept the scope of any limitations to the powers and duties delegated to me by this instrument.

(Notarization not required)

This instrument was drafted
by:

Specimen Signature of Attorney(s)-in-Fact

(Notarization not required)

IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT

You have been nominated by the principal to act as an attorney-in-fact. You are under no duty to exercise the authority granted by the power of attorney. However, when you do exercise any power conferred by the power of attorney, you must:

- (1) act with the interests of the principal utmost in mind;
- (2) exercise the power in the same manner as an ordinarily prudent person of discretion and intelligence would exercise in the management of the person's own affairs;
- (3) render accountings as directed by the principal or whenever you reimburse yourself for expenditures made on behalf of the principal;
- (4) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (5) cease acting on behalf of the principal if you learn of any event that terminates this power of attorney or terminates your authority under this power of attorney, such as revocation by the principal of the power of attorney, the death of the principal, or the commencement of proceedings for dissolution, separation, or annulment of your marriage to the principal;
- (6) disclose your identity as an attorney-in-fact whenever you act for the principal by signing in substantially the following manner:

Signature by a person as "attorney-in-fact for (name of the principal)" or "(name of the principal) by (name of the attorney-in-fact) the principal's attorney-in-fact";

(7) acknowledge you have read and understood this IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT by signing the power of attorney form.

You are personally liable to any person, including the principal, who is injured by an action taken by you in bad faith under the power of attorney or by your failure to account when the duty to account has arisen.

The meaning of the powers granted to you is contained in Minnesota Statutes, chapter 523. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

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