

CUSTOMER INFORMATION

Customer Name: _____ Phone: _____
Email Address: _____

DOCUMENT INFORMATION

Name of Grantor (person **giving** the POA)

Complete Address of Grantor

Appointee/Attorney-in-fact (person **receiving** the POA):

Complete Address of Appointee/Attorney-in-fact:

Phone Number of Appointee/Attorney-in-fact:

Grantor may designate two alternate Appointees in the event the primary Appointee/Attorney-in-fact is unable or unwilling to act as the appointee/attorney-in-fact.

First Alternate Attorney-in-fact:

Complete Address of **First** Alternate:

Phone Number of **First** Alternate Attorney-in-fact:

Second Alternate Attorney-in-fact:

Complete Address of **Second** Alternate:

Phone Number of **Second** Alternate Attorney-in-fact:

Special Instructions: