

SOUTH CAROLINA LIMITED POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*address*), hereby appoint
_____ (*agent s name*), currently residing at
_____ (*address*), as my agent
(*attorney-in-fact*) to act for me in any lawful way with respect to the following limited
purpose(s):

SPECIAL INSTRUCTIONS:

THE FOREGOING POWERS ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY
AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN IN
CONNECTION WITH THE LIMITED PURPOSES DESCRIBED ABOVE.

EFFECTIVE DATE:

(initial one)

_____ THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.

_____ THIS POWER OF ATTORNEY IS EFFECTIVE on _____, 20__.

TERMINATION DATE:

(initial one)

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I HAVE SIGNED



A WRITTEN REVOCATION.

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED on _____,
20__.

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I AM
DETERMINED TO BE INCAPACITATED, AS DEFINED BELOW.

Successor Attorney- in-Fact. If _____ (agent's name) is unable or unwilling to
serve or to continue to serve as my attorney-in-fact for any reason, then _____
(alternate agent's name), presently residing at _____
(address) is hereby appointed successor attorney-in-fact hereunder.

I agree that any third party who receives a copy of this document may act under it.
Revocation of the power of attorney is not effective as to a third party until the third party has
actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise
against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20__.

(signature)

(printed name)



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category [Limited Power of Attorney Template](#).

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