IOWA FINANCIAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER APPLICABLE LAW. ADDITIONAL POWERS AVAILABLE UNDER LAW MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

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 initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

<u>INITIAL</u>:

_____ (A) Real property transactions.

_____ (B) Tangible personal property transactions.

_____ (C) Stock and bond transactions.

_____ (D) Commodity and option transactions.

_____ (E) Banking and other financial institution transactions.

_____ (F) Business operating transactions.

_____ (G) Insurance and annuity transactions.

_____ (H) Estate, trust, and other beneficiary transactions.

_____ (I) Claims and litigation.

_____ (J) Personal and family maintenance.

_____ (K) Benefits from social security, medicare, medicaid, or other governmental

programs, or civil or military service.

_____ (L) Retirement plan transactions.

_____ (M) Tax matters.

_____ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

1.   The foregoing powers shall specifically include the power of my agent to submit claims, seek and receive reimbursements, pursue, settle or compromise claims, and to otherwise take any and all actions as may be necessary or desirable for purposes of enforcing the principal's rights, benefits and entitlements under any medical policies, medical reimbursement or other medical or health-care related plans or programs.

2.   In addition to the statutory powers granted above with respect to retirement plan transactions, my agent is hereby granted the power to (i) access any account values and information relating to any interest which I may have in any qualified retirement plan, profit-sharing plan, defined benefit plan, contribution plan, IRA, SEP-IRA, Roth IRA, 403(b) annuity plan, other annuity plan, Code Section 526 plan, Code Section 529 plan, and/or any other retirement or savings plan or account (collectively, the "retirement and savings accounts"), (ii) make contributions to retirement and savings accounts, (iii) make, authorize or otherwise direct the withdrawal and distribution of assets for my benefit from retirement and savings accounts

and (iv) take any and all actions as may be desirable for purposes of ensuring the application and use of such retirement and savings accounts for my needs, and to comply with applicable tax and other laws pertaining thereto.

3.   My agent may access, control, archive, transfer, and delete my digital assets. Digital assets include my email accounts, digital music, digital photographs, digital videos, gaming accounts, software licenses, social-network accounts, file-sharing accounts, financial accounts, domain registrations, Domain Name System (DNS) service accounts, blogs, listservs, web-hosting accounts, tax-preparation service accounts, online stores and auction sites, online accounts, and any similar digital asset that currently exists or may be developed as technology advances. My digital assets may be stored on the cloud or on my own digital devices. My agent may access, use, and control my digital devices in order to access, control, archive, transfer, and delete my digital assets. Digital devices include desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar hardware that currently exists or may be developed as technology advances.

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.

For purposes of this Power of Attorney, "incapacitated" shall mean either (1) an adjudication by a court of competent jurisdiction to the effect that I am incompetent, or (2) the appointment by a court of competent jurisdiction of a conservator or guardian for my estate or (3) written certification by two (2) physicians who are unrelated to me or to each other in any personal, business or professional capacity that in their opinion I am substantially unable to

manage my financial resources or resist fraud or undue influence. The effective date of such incapacity shall be the earlier of (a) the date of the order or decree adjudicating the incapacity, (b) the date of the order or decree appointing the conservator or guardian, or (c) the later date where both of the physicians' certifications described in this paragraph are obtained. A certified copy of the order or decree declaring incapacity or appointing a conservator or guardian or a copy of the physicians' certifications described herein shall be attached to the original of this Power of Attorney (and photocopies thereof shall be attached to photocopies hereof).

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED: If I have designated more than one (1) agent, the agents may act separately as follows: at any time while two (2) or more persons are acting as my co-agents, any one (1) or more of such persons may be given the power to execute documents on my behalf or bind me in any particular transaction(s) or type(s) of transactions as set forth herein, and any such action taken by such person(s) pursuant to such power may be relied upon by third parties dealing with the agent(s). At any time while two (2) or more persons are acting as my agents, all decisions made hereunder shall be made by a majority of the agents. The power granted to an agent under the first sentence of this paragraph must be granted by a majority vote of the agents.

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.

All prior general powers of attorney I have executed are hereby revoked.

Signed this _____ day of _____, 20___.

_____
(signature)

_____
(printed name)

ACKNOWLEDGMENT

STATE OF IOWA   )

) ss

COUNTY OF_____)

On _____ before me, _____,
(insert name and title of the officer)
personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Iowa that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

This form was created by FormsPal.com.

If you want to learn more about General Financial Power of Attorney, read more in our general

category General Financial Power of Attorney Template.

Click the following link to find out more details about Iowa Power of Attorney Forms.