New Hampshire | Statutory financial power of attorney

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Read the source statute

NEW HAMPSHIRE

STATUTORY POWER OF ATTORNEY

INFORMATION CONCERNING THE POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

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, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf.

If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you.

Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney, your Agent will continue to have these powers after you become incapacitated.

You have the right to retain this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind. If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

Principal's Signature: _____

Date: _____

1. DESIGNATION OF AGENT

I, _____ (Name of Principal), of _____ (Address of Principal), name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name the following person as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

If my successor agent is unable or unwilling to act for me, I name the following person as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

3. REVOCATION OF EXISTING POWERS OF ATTORNEY

(Initial the following statement if it is your choice.)

_____ This Power of Attorney revokes all existing powers of attorney, except for powers of attorney relating to health care, previously executed by me.

4. GRANT OF GENERAL AUTHORITY

(Initial beside your choice of A or B, but not both.)

_____ A. I grant my agent general authority to act for me in all matters, including, without limitation, all of the subjects enumerated in B below.

_____ B. I grant my agent general authority over the following subjects:

(Initial each subject you want to include in the agent's general authority.)

_____ Real Property as defined in RSA 564-E:204

_____ Tangible Personal Property as defined in RSA 564-E:205

_____ Stocks and Bonds as defined in RSA 564-E:206

_____ Commodities and Options as defined in RSA 564-E:207

_____ Banks and Other Financial Institutions as defined in RSA 564-E:208

_____ Operation of Entity or Business as defined in RSA 564-E:209

_____ Insurance and Annuities as defined in RSA 564-E:210

_____ Estates, Trusts and Other Beneficial Interests as defined in RSA 564-E:211

_____ Claims and Litigation as defined in RSA 564-E:212

_____ Personal and Family Maintenance as defined in RSA 564-E:213

_____ Benefits from Governmental Programs or Civil or Military Service as defined in RSA 564-E:214

_____ Retirement Plans as defined in RSA 564-E:215

_____ Taxes as defined in RSA 564-E:216

_____ Digital Assets as defined in RSA 554-A:2(10)

5. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

(Initial each subject you want to include in the agent's authority. CAUTION: As to some of the following subjects, granting your agent authority will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

_____ Create, amend, revoke, or terminate an inter vivos trust

(If you have granted your agent the authority to create, amend, revoke, or terminate an inter vivos trust, then initial the following statement if it is your choice.)

_____ My agent may create, amend, revoke, or terminate an inter vivos trust to benefit himself or herself or any individual to whom my agent owes a legal obligation of support.

_____ Make a gift, subject to the limitations of RSA 564-E:217

(If you have granted your agent the authority to make a gift, then as to each of the following statements, initial beside it if it is your choice.)

_____ My agent may make a gift, even if it will leave me without sufficient assets or income to provide for my care without relying on Medicaid, other public assistance or charity.

_____ My agent may make a gift to himself or herself and to any individual to whom my agent owes a legal obligation of support.

_____ Create or change rights of survivorship

(If you have granted your agent the authority to create or change rights of survivorship, then initial the following statement if it is your choice.)

_____ My agent may create or change rights of survivorship to benefit himself or herself or any individual to whom my agent owes a legal obligation of support.

_____ Create or change a beneficiary designation

(If you have granted your agent the authority to create or change a beneficiary designation, then initial the following statement if it is your choice.)

_____ My agent may create or change a beneficiary designation to benefit himself or herself or any individual to whom my agent owes a legal obligation of support.

_____ Reject, renounce, disclaim, release, or consent to a reduction in or modification of my share in, or a payment to me from, an estate, trust, or other beneficial interest, to benefit my agent or any individual to whom my agent owes a legal obligation of support

_____ Delegate authority granted under this Power of Attorney to another person

_____ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

(If you have granted your agent the authority to waive your right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan, then initial the following statement if it is your choice.)

_____ My agent may waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan, to benefit himself or herself or any individual to whom my agent owes a legal obligation of support.

_____ Exercise the fiduciary power(s) that I have the authority to delegate as specified in the "Special Instructions" in Paragraph 6 of this Power of Attorney

_____ Exercise authority over the content of electronic communication sent or received by me pursuant to RSA 554-A:9

_____ Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks

6. SPECIAL INSTRUCTIONS (OPTIONAL)

(Here you may include special instructions. You may leave this Paragraph blank. You may attach additional pages as necessary.)

_____
_____
_____

7. EFFECTIVE DATE AND AUTHORITY OF AGENT

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions in Paragraph 6 of this Power of Attorney. An agent (including successor agent) named in this Power of Attorney will have no authority to act as my agent until he or she has signed and affixed to this Power of Attorney an acknowledgment that is substantially the same as the Acknowledgment at the end of this Power of Attorney.

8. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of New Hampshire.

9. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgments (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

SIGNATURE AND ACKNOWLEDGMENT

(You must date and sign this Power of Attorney. If you are physically unable to sign, it may be signed by someone else writing your name, in your presence and at your express direction. This Power of Attorney must be acknowledged before a notary public or other individual authorized by law to take acknowledgments.)

Principal's Signature: _____

Principal's Printed Name: _____

Principal's Address: _____

Date: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____ , by _____ , known to me or satisfactorily proven to be the person named herein

Signature of Notarial Officer: _____

Title (and Rank): _____

My commission expires: _____

AGENT ACKNOWLEDGMENT

Notice to Agent: You will have no authority to act as agent under this Power of Attorney until you sign and affix this acknowledgment to the Power of Attorney.

I, _____ , have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I am given power under the power of attorney to make decisions about money, property, or both belonging to the principal, and to spend the principal's money, property, or both on the principal's behalf, in accordance with the terms of the power of attorney.

When acting as agent, I have duties (called "fiduciary duties") to act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, to act in good faith, and to act only within the scope of authority granted in the power of attorney, as well as other duties imposed by law to the extent not provided otherwise in the power of attorney.

As an agent, I am not entitled to use the money or property for my own benefit or to make gifts to myself or others unless the power of attorney specifically gives me the authority to do so. As an agent, my authority under the power of attorney will end when the principal dies and I will not have authority to manage or dispose of any property or administer the estate of the principal.

If I violate a fiduciary duty under the power of attorney, I may be liable for damages and may be subject to criminal prosecution. If there is anything about this power of attorney, or my duties under it, that I do not understand, I understand that I should seek professional advice.

Agent's Signature: _____

Date: _____