

SAVE TO COMPUTER BEFORE COMPLETING -- THEN OPEN IN ADOBE
WEB BROWSER WILL NOT SAVE INFO -- COMPLETE ONLY IN ADOBE PROGRAM
POWER OF ATTORNEY QUESTIONNAIRE

Healthcare Power of Attorney:

Name of Principal: _____ Telephone No. _____

Address of Principal: _____

Name of Agent: _____

Address of Agent: _____

Name of Alternate Agent: _____

Will Agent be signing in sub-part? ____ Yes ____ No

Financial Power of Attorney: **CHECK IF SAME AS ABOVE**

Name of Principal: _____ Telephone No. _____

Address of Principal: _____

Name of Agent: _____

Address of Agent: _____

Name of Alternate Agent: _____

On Financial Power of Attorney: Will it be deferred _____ or not deferred _____?

Will Agent be signing in sub-part? ____ Yes ____ No