

General Financial Power of Attorney

Your Information

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Date of Birth

Appointee(s)

Who do you wish to appoint as your Attorney in Fact (AIF or Appointee)?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Date of Birth



ADAIR & BAKER

<https://adairbaker.com>

+1 (770) 623-6484

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If the Appointee named above cannot or will not serve in that capacity, who do you wish to name as the successor Appointee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Date of Birth

If the successor Appointee named above cannot or will not serve in that capacity, who do you wish to name as the second successor Appointee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Date of Birth

Legal Permissions

Do you wish the AIF to have all the general powers?

_____ Yes

_____ No

If “NO”, which of the following powers do you wish them to have?

_____ Real Property

_____ Tangible personal property

_____ Stocks & bonds

_____ Commodities & options

_____ Banks & financial institutions

_____ Operation of entity or business

_____ Insurance & annuities

_____ Estates, trusts, and other beneficial interests

_____ Claims & litigation

_____ Personal & family maintenance

_____ Benefits from governmental programs or civil or military services

_____ Retirement plans

_____ Taxes

_____ All of the above

Specific Powers

Do you want the appointed AIF to have any of the following specific powers?

- ☐ Create, fund, amend, or terminate an inter vivos trust
- ☐ Make a gift subject to the limitations of OCGA 10-6B-56 and any Special Instructions in the power of attorney
- ☐ Create or change rights of survivorship
- ☐ Create or change a beneficiary designation
- ☐ Authorize another person to exercise the authority granted under this Power of Attorney
- ☐ Waive your right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ☐ Exercise authority over the content of electronic communications sent or received by you
- ☐ Exercise fiduciary powers that you have authority to delegate and that are expressly and clearly identified in the Special Instructions
- ☐ Renounce, disclaim or refuse an interest in property, including a power of appointment

HIPAA

HIPAA documents under the AIF's authority?

- ☐ Yes
- ☐ No

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Date of Effect

I want my above stated wishes to immediately take effect:

_____ Yes

_____ No

If “No”:

I want my above stated wishes to take effect on the following date:

Date:

Send To:

John Adair, Partner

Telephone: +1 (770) 623-6484

Email: jadair@adairbaker.com



TO REDUCE THE LIKELIHOOD OF FRAUD AND FOR YOUR OWN PROTECTION: UNLESS YOU RECEIVE WIRING INSTRUCTIONS THROUGH THIS LAW FIRM'S ENCRYPTED SHARED FILE SYSTEM, PRIOR TO INITIATING A WIRE TO THIS LAW FIRM, YOU MUST TELEPHONE THIS FIRM AND MAKE INQUIRY OF THE PURPORTED SENDER OF ANY EMAILED OR FAXED WIRE INSTRUCTIONS AND VERIFY THAT SUCH WIRE INSTRUCTIONS WERE INDEED AUTHORIZED BY THIS LAW FIRM, WERE NOT ALTERED, AND WERE NOT WIRING INSTRUCTIONS FALSELY PROVIDED BY A THIRD PARTY ATTEMPTING TO UNLAWFULLY UTILIZE A LAW FIRM EMAIL ACCOUNT OR FAX ACCOUNT AND WRONGFULLY DIVERT YOUR MONEY. THIS LAW FIRM CANNOT ACCEPT RESPONSIBILITY FOR ANY WIRE INTERCEPTED OR ALTERED BY A THIRD PARTY, AND AS A CONDITION OF THIS FIRM'S INVOLVEMENT IN YOUR TRANSACTION, YOU HEREBY AGREE TO HOLD ADAIR & BAKER, LLC, HARMLESS FROM ALL DAMAGE CAUSED BY ANY SUCH ATTEMPT TO DIVERT A WIRE TRANSFER.

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