

# Durable Financial Power of Attorney

(State of Michigan)

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This document allows you to appoint a trusted person to handle financial and legal matters on your behalf if you become unable to manage them yourself.

**IMPORTANT:** This document is provided as a planning guide for legacy planning purposes. It is recommended that you review this document with a qualified attorney licensed in the State of Michigan to ensure it meets current legal requirements and reflects your wishes.

## 1. Principal Information (Person granting authority)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. Appointment of Agent (Person authorized to act on your behalf)

Agent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

## 3. Alternate Agent (Optional)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Powers Granted (Initial each power you wish to grant)

- Banking transactions
- Real estate transactions
- Personal property transactions
- Stock and investment transactions
- Retirement accounts
- Insurance transactions
- Tax matters
- Business operations
- Government benefits
- Paying bills and managing household expenses
- Access to safe deposit boxes
- Other powers (describe below)

\_\_\_\_\_  
\_\_\_\_\_

5. Special Instructions or Limitations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Effective Date

- Immediately upon signing
- Only if I become incapacitated and unable to manage my financial affairs

Other condition:

\_\_\_\_\_

### 7. Duration

Until revoked in writing

Until death of the principal

Other condition:

\_\_\_\_\_

### 8. Compensation of Agent

Agent will serve without compensation

Agent may receive reasonable compensation

Additional instructions:

\_\_\_\_\_

### 9. Signature of Principal

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 10. Witnesses

Witness #1 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness #2 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

11. Notary Acknowledgment (Recommended)

State of Michigan

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me appeared:

\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

12. Agent Acceptance

I accept the appointment as Agent and agree to act in the best interest of the Principal.

Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_