

**DURABLE POWER OF ATTORNEY
FOR BANKING TRANSACTIONS AND SAFE DEPOSIT BOX ACCESS**

INTRODUCTION

This form has been prepared and circulated by the Philadelphia Bar Association as a convenience to the public and as a service to members of the Bar and their clients. The form is specifically designed so that one or more account holders at a particular financial institution named in the form can appoint one or more Agents over accounts and safe deposit boxes at that financial institution.

This form does not apply to retirement plan accounts.

A form for revoking this Power of Attorney appears at the end of this document.

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa. C.S. Ch. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Principal/Depositor

Date

Principal/Depositor

Date



Prepared and distributed by the Philadelphia Bar Association

**DURABLE POWER OF ATTORNEY
FOR BANKING TRANSACTIONS AND SAFE DEPOSIT BOX ACCESS**

I/We, the Depositor(s) and Principal(s), _____,
appoint _____,
whose signature(s) appear(s) on page 4 of this form, my/our Agent(s) (who shall be referred to in this document as "Agent") for and in my/our name(s) and with respect to those deposit and loan accounts specified in Choice 1 below (hereinafter "accounts") at _____
(the "Institution").

CHOICES BY DEPOSITOR(S)

Choice 1 - All Accounts or Designated Accounts: The depositor(s) must indicate whether this form will apply to all accounts now owned or later acquired at the Institution or is, instead, to apply only to designated accounts. In addition, the depositor(s) must indicate whether this form will apply to safe deposit box(es). Check one or more of the following boxes to indicate your choice. If no box is checked, box A will apply.

- A** This Power of Attorney shall be effective with respect to all accounts now owned or hereafter acquired in the name(s) of the depositor(s) executing this power.
- B** This Power of Attorney shall be effective only with respect to accounts listed on page 4.
- C** This Power of Attorney shall be effective with respect to safe deposit box(es).

Choice 2 - Exercise of Power of Attorney Where More Than One Agent is Named: If more than one Agent is appointed hereunder, the depositor(s) must determine whether each Agent may act individually or must, instead, act jointly. Check one of the following boxes to indicate your choice. If no box is checked, box A will apply.

- A** If more than one Agent is appointed hereunder, any one of the Agents may act individually.
- B** If more than one Agent is appointed hereunder, all must act jointly.

GRANT OF POWERS TO ENGAGE IN BANKING AND FINANCIAL TRANSACTIONS:

Consistent with the provisions of 20 Pa. C.S. §5603(m), the Agent shall have the power to:

1. Sign checks, drafts, orders, notes, bills of exchange and other instruments ("items") or otherwise make withdrawals from checking, savings, transaction, deposit, loan or other account(s) in my/our name(s) at the Institution and endorse items payable to me/us and receive the proceeds in cash or otherwise;
2. Open and close such account(s) in my/our name(s), purchase and redeem savings certificates, certificates of deposit or similar instrument in my/our name(s) which I/we designated in Choice 1 above, and execute and deliver receipts for any funds withdrawn or certificates redeemed;
3. Deposit any funds received for me/us in my/our designated account(s) in the Institution;
4. Do all acts regarding such checking, savings, transaction, deposit, loan, or other account(s), savings certificate, certificate of deposit or similar instrument, which I/we designated in Choice 1 above, the same as I/we could do if personally present;
5. Sign any tax information or reporting form required by federal, state or local taxing authorities, including but not limited to, any Form W-9 or similar form; and
6. In general, transact any business with a banking or financial institution that I/we could if present.



GRANT OF POWER TO ENTER SAFE DEPOSIT BOX(ES) IF CHOICE 1C IS CHECKED:

Consistent with the provisions of 20 Pa. C.S. §5603(o), the Agent(s) shall have the power to enter any safe deposit box in my/our name(s), add to or remove the contents of such box, open and close a safe deposit box; however, the Agent(s) shall not deposit or keep in any safe deposit box any property in which the Agent(s) has/have a personal interest.

LIMITATION OF POWERS

1. Except as provided in paragraph 2 below, the Institution may continue to rely on this Power of Attorney until it receives written notice from me/us that this Power of Attorney is revoked or actual notice of death of me or the survivor of us. Further, the Institution shall be indemnified and held harmless by me/us and my/our estate(s), personal representatives and heirs against any liability or loss, including lawyers' fees, costs of suit, and claims of third parties, which it might incur by relying on this Power of Attorney after termination by revocation or death but before it receives actual notice thereof, or at any time because of wrongful acts, omissions or representations of the Agent(s) concerning transactions covered by this Power of Attorney.

2. If an account is a joint account, this Power of Attorney shall continue to be effective after the death of any of the undersigned until formally revoked by the survivor of us. The revocation of this Power of Attorney by the depositor(s) shall be binding on such depositor(s).

3. The Agent(s) shall be subject to whatever rules and regulations of the Institution to which I/we would be subject.

4. If this Power of Attorney is executed by more than one depositor, the Agent(s) shall act with respect to accounts registered in the joint names of the depositors or in the sole name of any depositor, unless otherwise limited by Choice 1B.

DURABILITY

This Power of Attorney shall not be affected by my/our subsequent disability.

Date: _____

Witness

Principal/Depositor (Seal)

Witness

Principal/Depositor (Seal)

STATE/Commonwealth of _____

County of _____

On this _____ day of _____, _____ before me, _____, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they did execute the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

Notary Public



If Banking Power of Attorney is limited to certain account(s), list account number(s):

ACKNOWLEDGMENT OF AGENT(S)

I/We, _____, have read the above Power of Attorney and am/are the person(s) identified as the Agent(s) for the Principal(s).

I/We hereby acknowledge that in the absence of a specific provision to the contrary in the Power of Attorney or in 20 Pa. C.S. when I/we act as Agent(s):

I/We shall exercise the powers for the benefit of the Principal(s).

I/We shall keep the assets of the Principal(s) separate from my/our assets.

I/We shall exercise reasonable caution and prudence.

I/We shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the Principal(s).

Agent

Date

Agent

Date

REVOCATION OF POWER OF ATTORNEY

I/We hereby revoke the Power of Attorney in favor of _____
_____.

Date: _____

Witness

Principal/Depositor (Seal)

Witness

Principal/Depositor (Seal)

