



**POWER OF ATTORNEY  
NEW YORK STATUTORY SHORT FORM**

**(a) CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

**(b) DESIGNATION OF AGENT(S):**

I, \_\_\_\_\_

*(name of principal)*

\_\_\_\_\_

*(address of principal)*

hereby appoint:

\_\_\_\_\_

*(name of agent)*

\_\_\_\_\_

*(address of agent)*

\_\_\_\_\_

*(name of second agent)*

\_\_\_\_\_

*(address of second agent)*

as my agent(s).



If you designate more than one agent above, they must act together unless you initial the statement below.

(  ) My agents may act SEPARATELY.

**(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

\_\_\_\_\_  
(name of successor agent)

\_\_\_\_\_  
(address of successor agent)

\_\_\_\_\_  
(name of second successor agent),

\_\_\_\_\_  
(address of second successor agent)

Successor agents designated above must act together unless you initial the statement below.

(  ) My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

**(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.**

**(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications”.**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under “Modifications” that the agents with the same authority are to act together.

**(f) GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (  ) (A) real estate transactions;
- (  ) (B) chattel and goods transactions;
- (  ) (C) bond, share, and commodity transactions;
- (  ) (D) banking transactions;
- (  ) (E) business operating transactions;
- (  ) (F) insurance transactions;



- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters: **A,B,C,D,E,F,G,H,I,J,K,L,M,N,O (All).**

\*\*\* **You need not initial the other lines if you initial line (P).**\*\*\*

**(g) MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

**SPRINGING POWER:** Aside from my spouse acting as my Agent, my Attorney-in-Fact shall have no power under this legal instrument unless (1) I acknowledge such power is in effect by the execution of a signed document this document is effective, or (2) written confirmation of two Board Certified Physicians, Psychiatrists, or any combination thereof, who are intimately familiar with my physical or mental health, stating that I am no longer competent to handle my own financial affairs.

(P-1) The powers granted under (A) and (B) above are enlarged so that all fixtures and articles of personal property which at the time of such transaction are or which may thereafter be attached to or used in connection with the real property may be included in the deeds, mortgages, agreements, and any other instruments to be executed and delivered in connection with real estate transactions and which may be described in said instruments with more particularity;



( ) (P-2) My attorney-in-fact has the unrestricted power to act (including gratuitous acts) with respect to Trusts, including but not limited to the creating and funding a Trust, revoking or modifying a Trust, and adding property to an existing or subsequently created Trust and also to transfer any of my assets into any trust and to withdraw and/or receive on my behalf income and/or principal of a trust to which I may be entitled to, to expend such distributions for my behalf and/or to give such distributions to any person or charity if allowed under the provisions of such trust; and to disclaim any interest I may have in any Trust and to use such withdrawals to purchase an annuity for my benefit. My attorney-in-fact shall also have the authority to request all financial information and request any form of Accounting from any Trusts created by me or to which I am a beneficiary; My attorney-in-fact is hereby granted the authority to create, fund, amend or add to revocable or irrevocable inter vivos trust; terminate revocable inter vivos trust; accept transfers or distributions from any trustee of any trust, provided that any creation of new or changes to existing trust are to be done primarily for the health and financial benefit of the principal or the principal's estate. This provision shall include the power of the Attorney-in Fact to create, fund, amend or make investments to an Income Only Trust, Special Needs or Supplemental Needs Trust, or a NYSARC or similar "Pooled" Trust.

( ) (P-3) My attorney-in-fact may disclaim all or part of any transfers to me if it is probable that no gift taxes will be imposed on me on account of such disclaimer or renunciation;

( ) (P-4) My attorney-in-fact shall have the power to establish one or more "individual retirement accounts" or other retirement plans or arrangements in my name, transfer existing retirement accounts to new retirement accounts, and make conversions of these pre-tax retirement funds to Roth IRA accounts;

In connection with any pension, profit sharing or stock bonus plan, individual retirement arrangement, Roth IRA §403(b) annuity or account, §457 plan, or any other retirement plan, arrangement or annuity in which I am participant or of which I am beneficiary (whether established by my Attorney-in-fact or otherwise) each of which is hereafter referred to as "such Plan"), my Attorney-in-fact shall have the following powers in addition to all other applicable powers granted by this instrument;

1. To make contributions (including "rollover" contributions) or cause contributions to be made to such Plan with my funds or otherwise on my behalf.
2. To receive and endorse checks or other distributions to me from such Plan, or to arrange for the direct deposit of the same in any account in my name or in the name of any revocable living trust established by me.
3. To elect a form of payment of benefits from such Plan, to withdraw benefits from such Plan, to make contributions of such Plan and to make, exercise, waive, or consent to any and all elections and/or options that I may have regarding the contributions to investments or administration, of, or distribution or form of benefits under such Plan.
4. To designate one or more beneficiaries or contingent beneficiaries for any benefits payable under such Plan on account of my death, and to change any such prior designation of beneficiary made by me or by my Attorney-in-fact; provided, however, that my Attorney-in-fact shall have no power to designate my Attorney-in-fact directly or indirectly as beneficiary or contingent beneficiary to receive a greater share or portion of any such benefits than my Attorney-in-fact would have otherwise received unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change. This limitation shall not apply to any designation of my Attorney-in-fact as beneficiary in a fiduciary capacity, with no beneficial interest.



( ) (P-5) If any third party (including but not limited to stock transfer agents, title insurance companies, banks, credit unions, and savings and loan associations) with whom my Attorney-in-fact seeks to transact business refused to recognize my Attorney-in-fact's authority to act on my behalf pursuant to this Power of Attorney, I authorize my Attorney-in-fact to sue and recover from such third party all resulting damages, costs, expense, and attorney's fees that are incurred because of such failure to act. Refusal to recognize my Attorney-in-fact's authority to act on my behalf shall include, but shall not be limited to, requirements of a particular form of Power of Attorney, requirements that the Power of Attorney be dated within a certain time period, and requirements that the Power of Attorney be dated within a certain time period and requirements that the power of Attorney be dated within a certain time period, and requirements that particular language be included in the power of Attorney to the extent that such requirement are not part of New York's General Obligations Law. The costs, expenses and attorney's fees incurred in bringing such action shall be charged against my general assets, to the extent they are not recovered from said third party. I expressly direct my Attorney-in-fact to move my assets from any brokerage, transfer attorney-in-fact or other entity that refused to recognize the full extent of powers that I intend to convey by this Power of Attorney;

( ) (P-6) I intend for my attorney-in-fact to be treated as I would be with respect to my rights regarding the use and disclosure of any individually identifiable health information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPPA), 42 USC 1320d and 45 CFR 160-164. I authorize any person or entity that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my attorney-in-fact, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse. The authority given to my attorney-in-fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my attorney-in-fact has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider;

( ) (P-7) My attorney-in-fact is hereby granted the authority to: create trusts, promissory notes, life estates on real property and other legal devices, instruments and strategies on my behalf and funding such instruments particularly for, but not limited to, Medicaid and other government program planning; my attorney-in-fact is hereby granted the authority to act on my behalf with regards to the social security administration, veterans administration, social services, Medicare, Medicaid, SSI, and all other government benefits or entitlements, which may include but is not limited to: claims, planning for eligibility, submission of applications and appeals;

( ) (P-8) My attorney-in-fact is hereby granted the authority to retain, discharge and pay for the services of attorneys, accountants, financial planners, care managers, social workers and other professionals who will work on my behalf;

( ) (P-9) My attorney-in-fact is hereby granted the authority to enter into any safe deposit box or other place of safekeeping standing in my name alone or jointly with another to remove the contents and to make additions, subtractions or replacements;

( ) (P-10) My attorney-in-fact is hereby granted the authority to name my preferred Guardian of the Person and Guardian of the Property, including himself/herself.



( ) (P-11) My attorney-in-fact is hereby granted the authority to sign an intent to return home for any Governmental Benefits application or otherwise.

( ) (P-12) EACH of the matters identified by the following letters **(P-1), (P-2), (P-3), (P-4), (P-5), (P-6), (P-7), (P-8), (P-9), (P-10) and (P-11) (All).**

**I direct that all previously executed powers of attorney shall be revoked by the execution of this new power of attorney.**

**(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)**

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

( ) (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

**(i) DESIGNATION OF MONITOR(S): (OPTIONAL)**

If you wish to appoint monitor(s), initial and fill in the section below:

( ) I wish to designate \_\_\_\_\_, whose address(es) is (are) \_\_\_\_\_, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

**(j) COMPENSATION OF AGENT(S): (OPTIONAL)**

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

( ) My agent(s) shall be entitled to reasonable compensation for services rendered.

**(k) ACCEPTANCE BY THIRD PARTIES:**

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

**(l) TERMINATION:**

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.



**(m) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

PRINCIPAL signs here: =====> \_\_\_\_\_

STATE OF NEW YORK     )  
COUNTY OF \_\_\_\_\_ ) ss:

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**(n) IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record or all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).





You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

**(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, \_\_\_\_\_, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here: ==> \_\_\_\_\_  
**, Agent**

==> \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

On the \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public





**(p) SUCCESSOR AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we, \_\_\_\_\_, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

Successor Agent(s) sign(s) here: ==> \_\_\_\_\_  
**, Successor Agent**

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss:

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

I/we, \_\_\_\_\_, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

Successor Agent(s) sign(s) here: ==> \_\_\_\_\_  
**Alternate Successor Agent**

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss:

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public



**POWER OF ATTORNEY  
NEW YORK STATUTORY GIFTS RIDER  
AUTHORIZATION FOR CERTAIN GIFT TRANSACTIONS**

**CAUTION TO THE PRINCIPAL:** This **OPTIONAL** rider allows you to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (l) of the Grant of Authority section of the statutory short form Power of Attorney (under personal and family maintenance), or certain other gift transactions during your lifetime. You do not have to execute this rider if you only want your agent to make gifts described in (l) of the Grant of Authority section of the statutory short form Power of Attorney and you initialed “(l)” on that section of that form. Granting any of the following authority to your agent gives your agent the authority to take actions which could significantly reduce your property or change how your property is distributed at your death. “Certain gift transactions” are described in section 5-1514 of the General Obligations Law. This Gifts Rider does not require your agent to exercise granted authority, but when he or she exercises this authority, he or she must act according to any instructions you provide, or otherwise in your best interest.

This Gifts Rider and the Power of Attorney it supplements must be read together as a single instrument.

Before signing this document authorizing your agent to make gifts, you should seek legal advice to ensure that your intentions are clearly and properly expressed.

**(a) GRANT OF LIMITED AUTHORITY TO MAKE GIFTS**

Granting gifting authority to your agent gives your agent the authority to take actions which could significantly reduce your property.

If you wish to allow your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

To grant your agent the gifting authority provided below, initial the bracket to the left of the authority.

(\_\_\_\_\_) I grant authority to my agent to make gifts to my spouse, children and more remote descendants, and parents, not to exceed, for each donee, the annual federal gift tax exclusion amount pursuant to the Internal Revenue Code. For gifts to my children and more remote descendants, and parents, the maximum amount of the gift to each donee shall not exceed twice the gift tax exclusion amount, if my spouse agrees to split gift treatment pursuant to the Internal Revenue Code. This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.



**(b) MODIFICATIONS:**

Use this section if you wish to authorize gifts in amounts smaller than the gift tax exclusion amount, in amounts in excess of the gift tax exclusion amount, gifts to other beneficiaries, or other gift transactions. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. If you wish to authorize your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

(\_\_\_\_\_) I grant the following authority to my agent to make gifts pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest:

**(c) GRANT OF SPECIFIC AUTHORITY FOR AN AGENT TO MAKE GIFTS TO HIMSELF OR HERSELF: (OPTIONAL)**

If you wish to authorize your agent to make gifts to himself or herself, you must grant that authority in this section, indicating to which agent(s) the authorization is granted, and any limitations and guidelines.

(\_\_\_\_\_) I grant specific authority for the following agent(s) to make the following gifts to himself or herself:

This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

**(d) ACCEPTANCE BY THIRD PARTIES:**

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Statutory Gifts Rider.



**(e) SIGNATURE OF PRINCIPAL AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_, 20\_\_\_\_.

PRINCIPAL signs here: =====> \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss:

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**(f) SIGNATURES OF WITNESSES:**

By signing as a witness, I acknowledge that the principal signed the Statutory Gifts Rider in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Statutory Gifts Rider reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of gifts.

\_\_\_\_\_  
Signature of witness 1

\_\_\_\_\_  
Signature of witness 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
City, State, Zip code

**(g) This document prepared by:** \_\_\_\_\_