GENERAL POWER OF ATTORNEY

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Principal

Individual

Full Legal Name

SSN / ID

Doc Series

Address

In favor of:

Agent / Attorney-in-Fact

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Specific Powers Granted

Expiration / Revocation Condition

Sub-Delegation Permitted

3. EXECUTION & SIGNATURES

Principal

Signature

_____

Full Legal Name

_____

Date

_____