

# LIMITED / SPECIAL POWER OF ATTORNEY

Effective Date

Place

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## 1. Parties

This document is made on \_\_\_\_\_ ( \_\_\_\_\_ ) by:

### Principal

Individual

Full Legal Name

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SSN / ID

Doc Series

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Address

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In favor of:

### Agent / Attorney-in-Fact

Individual

Full Legal Name

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SSN / ID

Doc Series

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Address

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## 2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Specific Powers Granted

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Expiration / Revocation Condition

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Sub-Delegation Permitted

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**3. EXECUTION & SIGNATURES**

**Principal**

Signature

  

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Full Legal Name

  

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Date

  

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