

[CLIENT'S NAME]

**LIMITED POWER OF ATTORNEY AND AUTHORIZATION TO
DESIGNATE PLAN OF PA AND ITS AGENTS AS THE AUTHORIZED CONTACT ON
ALL UTILITY, _____, AND _____ ACCOUNTS**

NOTICE

**THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE PLAN OF PA
(YOUR "AGENT") AND ITS AGENTS BROAD POWERS TO HANDLE THE LIMITED
PURPOSE OF _____ AS YOUR
ABSOLUTE REPRESENTATIVE**

**WHEN THE POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE
CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER
OF ATTORNEY.**

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

**THIS POWER OF ATTORNEY IS IRREVOCABLE BY YOU. THIS MEANS
THAT YOU CAN NOT CANCEL THIS POWER OF ATTORNEY. HOWEVER, PLAN
OF PA MAY RELEASE YOU FROM THIS POWER OF ATTORNEY.**

Initial

**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.**

Initial

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

(Date)

[CLIENT'S NAME] (Principal)

[CLIENT'S NAME]

**LIMITED POWER OF ATTORNEY AND AUTHORIZATION TO
DESIGNATE PLAN OF PA AND ITS AGENTS AS THE AUTHORIZED CONTACT ON
ALL UTILITY, _____, AND _____ ACCOUNTS**

I, [CLIENT'S NAME], (the "Principal"), of _____ County, _____, do hereby appoint PLAN of PA, (hereinafter "my Agent"), my true and lawful agent for me and on my behalf to perform all such acts as my Agent in my Agent's absolute discretion may deem advisable, as fully as I could do if personally present. PLAN of PA may at its discretion delegate its authority to its agent or employee.

Durable Power Not Affected by Disability.

This power of attorney shall not be affected by my subsequent disability or incapacity.

Irrevocable Power

This power cannot be cancelled, withdrawn, or in any way revoked by the principal.

**SPECIFIC POWERS DEFINED BY STATUTE AND
INCLUDED IN LIMITED POWER**

My *Agent* shall have the following specific powers which are granted pursuant to Chapter 56 of the Pennsylvania Probate, Estates and Fiduciaries Code, as further defined therein:

1. Power to Delegate.

To delegate any or all of the powers granted hereunder to any person or persons whom my *Agent* may select.

2. Power Regarding Utility accounts, _____, _____.

To _____

DURATION OF POWER, RELIEF FROM LIABILITY, IRREVOCABILITY

1. This power shall not expire by reason of lapse of time.

2. I hereby ratify and confirm all that my *Agent* shall do or cause to be done under this *General Power of Attorney*. I specifically direct that my *Agent* shall not be subject to any liability by reason of any of my *Agent's* decisions, acts or failures to act, all of which shall be conclusive and binding upon me, my personal representatives, heirs and assigns. Furthermore, except in the case of malfeasance of office, I agree to indemnify my *Agent*, and hold my *Agent* harmless, from all claims that may be made against my *Agent* as a result of my *Agent's* service hereunder and I hereby agree to reimburse my *Agent* in the amount of any damages, costs and expenses that may be incurred as a result of any such claim.

3. This power cannot be cancelled, withdrawn, or in any way revoked by the principal.

I am signing today two (2) originals of this power of attorney, of which this is No. ____ of two.

IN WITNESS WHEREOF, and intending to be legally bound, I have hereunto set my hand and seal this ____ day of _____ 20__.

Name
Address

Signed, sealed and delivered
in the presence of :

Witness 1
Address

Witness 2
Address

STATE OF PENNSYLVANIA :
 : SS.
COUNTY OF :

On the _____ day of _____, 2007, before me, a Notary Public, personally appeared [Principal's name] and in due form of law acknowledged the foregoing Limited Power of Attorney to be his/her act and deed and desired that the same might be recorded as such.

WITNESS my hand and notarial seal.

Notary Public

AGENT'S ACKNOWLEDGEMENT

I, _____ of PLAN of PA, have read the foregoing *Limited Power-of-Attorney* and as the **[e.g. executive director]** of PLAN of PA am an authorized representative of PLAN of PA identified as the *Agent* for the Principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power-of-attorney or in Chapter 56 of the Pennsylvania Probate Estates and Fiduciaries Code (20 Pa. C.S. Ch. 56), when PLAN of PA acts as *Agent*:

PLAN of PA and its delegates shall exercise the powers for the benefit of the principal.

PLAN of PA and its delegates shall exercise reasonable caution and prudence.

PLAN of PA and its delegates shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

PLAN of PA and its delegates shall keep the assets of the Principal separate from the assets of PLAN of PA.

Date

[Print name]: _____
On behalf of PLAN of PA, Agent