

# Financial Power of Attorney Extension

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Agent's Name]  
[Agent's Address]  
[City, State, Zip Code]

Dear [Agent's Name],

I, [Your Name], am writing to formally extend the Financial Power of Attorney that I granted to you on [Original Date]. This extension will remain in effect until [New Expiration Date].

All powers and responsibilities previously granted to you shall remain unchanged and in full force throughout this extension period, unless otherwise stated in writing.

Please acknowledge receipt of this letter and your agreement to continue serving as my Financial Power of Attorney by signing below.

Sincerely,

[Your Signature]  
[Your Printed Name]

Agreed and Accepted by:

[Agent's Signature]  
[Agent's Printed Name]