

Springing Power of Attorney

Principal: [Your Full Name]

Address: [Your Address]

City, State, Zip: [City, State, Zip Code]

Date: [Date]

Agent: [Agent's Full Name]

Address: [Agent's Address]

City, State, Zip: [City, State, Zip Code]

Subject: Springing Power of Attorney

I, [Your Full Name], hereby appoint [Agent's Full Name] as my attorney-in-fact to act on my behalf in accordance with the powers granted herein. This power of attorney shall only become effective upon the occurrence of [specify condition, e.g., my disability, incapacity, or another defined event].

The powers granted to my attorney-in-fact include, but are not limited to, the following:

- Manage all my financial affairs.
- Make healthcare decisions on my behalf.
- Execute documents necessary for the performance of these powers.

This Springing Power of Attorney shall remain in effect until [specify period or event, e.g., my recovery, my death], or until revoked by me in writing.

Signature: _____

[Your Full Name]