

**POWER OF ATTORNEY FOR
SPECIFIED FINANCIAL
INTERESTS**

I _____ name the following person as my agent:

(Name of Principal)

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the SDCL chapter 59-12:

Additionally, I appoint the aforementioned individual to act in my name as my authorized agent.

I grant my agent general authority to act for me with respect to the following subjects as defined in SDCL chapter 59-12:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

Real Property (§ 59-12-26)

Insurance and Annuities (§ 59-12-32)

Tangible Personal Property (§ 59-12-27)

Estates, Trusts, and Other Beneficial
Interests (§ 59-12-33)

Stocks and Bonds (§ 59-12-28)

Personal and Family Maintenance
(§ 59-12-35)

Commodities and Options (§ 59-12-29)

Retirement Plans (§ 59-12-37)

Banks and Other Financial Institutions
(§ 59-12-30)

Taxes (§ 59-12-38)

Operation of Entity or Business (§ 59-12-31)

All Preceding Subjects

Unless otherwise revoked or amended by me, this Power of Attorney shall be in effect

Upon my detention or removal from the U.S.

FROM ____ / ____ / ____ TO ____ / ____ / ____ OR

Indefinitely until it is revoked by me.

Unless otherwise revoked or amended by me, this Power of Attorney should be accepted and relied upon by anyone to whom it is presented in the time frame described above.

DATED this ___ day of _____, 20_____.

(signature of principal/grantor)

(name of principal/grantor, printed)

(street address)

(city, state, zip)

() -
(phone number)

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF _____)

Subscribed and sworn to before me on this ___ day of _____, 20_____ by
_____.

NOTARY PUBLIC – STATE OF SOUTH DAKOTA
My Commission Expires: _____

(SEAL)