POWER OF ATTORNEY FOR SPECIFIED FINANCIAL INTERESTS

Ι	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 <u>59-12</u>:

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.)

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() Real Property (§ <u>59-12-26</u>)	() Insurance and Annuities ($\S 59-12-32$)
() Tangible Personal Property (§ <u>59-12-27</u>)	() Estates, Trusts, and Other Beneficial
() Stocks and Bonds (§ <u>59-12-28</u>)	Interests (§ <u>59-12-33</u>)
() Commodities and Options (§ <u>59-12-29</u>)	() Personal and Family Maintenance
() Banks and Other Financial Institutions	(§ <u>59-12-35</u>)
(§ <u>59-12-30</u>)	() Retirement Plans (§ <u>59-12-37</u>)
() Operation of Entity or Business (§ <u>59-12-31</u>)	() Taxes (§ <u>59-12-38</u>)
	() All Preceding Subjects

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

Upon m	y detent	ion or ren	noval fron	n the U	.S.	
FROM_	/	/	TO	/	/	OR
Indefinite	ly until it	is revoked	l 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)
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		(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 c	of, 20	_by
	•		
		NOTARY PUBLIC – STATE OF SOUTH DAKOTA My Commission Expires:	

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(SEAL)