

持久财务授权书

我的姓名是_____。

我的出生日期_____。

1. 代理人。我选择 (姓名)

_____,
作为我的代理人, 全权管理我的财务。

☐ **后备代理人。** 如果上述代理人无法或不愿执行授权,
我选择 (姓名) _____
作为我的代理人, 全权管理我的财务。

☐ **第 2 名候补代理人。** 如果上述代理人 and 候补代理人无
法或不愿执行授权, 我选择 (姓名) _____
作为我的代理人, 全权管理本人财务。

2. 我的权利。只要我仍有能力, 我就会保留自行做出财务 决定的权利。

3. 持久性。假如我生病或受伤, 而且无法自行做出决定, 我的代理人可以使用这份授权文件管理我的财务。我的 残疾状态不会影响本授权书的效力。

4. 开始日期。本授权书生效日期: (请勾选一项)

☐ 立即生效

☐ 仅在我的医疗服务提供者签署信函, 表明我无法
自行做出决定时。

5. 失效日期。如果我撤销该授权或者去世, 则本授权书失 效。如果我的代理人是配偶或同居伴侣, 则其中任何一 方在法庭上提出离婚时, 本授权书即失效。

Durable Power of Attorney for Finances

My name is _____.

My date of birth is _____.

Agent. I choose (name) _____
as my Agent with full authority to manage
my finances.

Alternate. If the agent named above is
unable or unwilling to act, I choose (name) _____
as my Agent with full authority to manage
my finances.

2nd Alternate. If both the agent and
alternate named above are unable or
unwilling to act, I choose (name) _____
as my Agent with full authority to manage
my finances.

My Rights. I keep the right to make
financial decisions for myself if I am
capable.

Durable. My Agent can use this power of
attorney to manage my finances even if I
become sick or injured and cannot make
decisions for myself. My disability will not
affect this power of attorney.

Start Date. This power of attorney is
effective: (check one)

Immediately

Only if my medical provider signs a letter
saying I cannot make decisions for myself.

End Date. This power of attorney will end if
I revoke it or when I die. If my spouse or
domestic partner is my Agent, this power of
attorney will end if either of us files for
divorce in court.

6. **撤销。**我撤销我过去签署的任何财务授权书文件。我知悉我可以随时通过向我的代理人发出书面撤销通知来撤销此授权。

7. **权力。**我的代理人应获得全面权力和授权，以充分且有效地执行本人可以进行的任何操作，包括但不限于：

- ✓ 向任何金融机构中我名下的任何账户进行存款和付款
- ✓ 打开我名下的任何保险箱并取走其中物品
- ✓ 出售、交换或转移股票、债券或其他证券所有权
- ✓ 出售、转让或抵押任何不动产或个人财产
- ✓ 申请并管理政府福利，包括 Medicaid

8. **特别权力。**我的代理人还应拥有以下权力：

- ☐ 是 ☐ 否 将我的金钱或财产作为礼物送出
- ☐ 是 ☐ 否 创建、更改或取消我的生存者财产继承权
- ☐ 是 ☐ 否 创建、更改或取消受益人指定
- ☐ 是 ☐ 否 放弃我作为年金或退休计划受益人的权利
- ☐ 是 ☐ 否 创建、更改或取消某项信托
- ☐ 是 ☐ 否 像我一样告知受托人对信托进行分配
- ☐ 是 ☐ 否 创建、更改或取消共同财产继承协议

Revocation. I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney at any time by giving written notice of revocation to my Agent.

Powers. My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to:

Make deposits to, and payments from, any account in my name in any financial institution

Open and remove items from any safe deposit box in my name

Sell, exchange, or transfer title to stocks, bonds, or other securities

Sell, convey, or encumber any real or personal property

Apply for and manage governmental benefits, including Medicaid

Special Powers. My agent shall also have the following powers:

Yes / No Give gifts of my money or property

Yes / No Create, change, or cancel my rights of survivorship

Yes / No Create, change, or cancel beneficiary designations

Yes / No Give up my right to be the beneficiary of an annuity or retirement plan

Yes / No Create, change, or cancel a trust

Yes / No Tell a trustee to make distributions from a trust just as I could

Yes / No Create, change, or cancel a community property agreement

☐ 是 ☐ 否 将本文件中所授与的权限授予其他人

Yes / No Give authority granted in this document to someone else

9. 账目。我的代理人应保管我的准确财务记录，并在我要时出示这些记录。

Accounting. My Agent shall keep accurate records of my finances and show these records to me at my request.

10. 监护人或财产保管人提名。我提名将我的代理人作为财产保管人，在需要执行财产保管程序时提请法院进行考虑。

Nomination of Guardian or Conservator. I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.

11. HIPAA (健康保险携带和责任法案) 披露。我授权我的医疗服务提供者向我的代理人披露受《1996 年健康保险携带和责任法案》(HIPAA) 管辖的所有信息。

HIPAA Release. I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

日期: _____

← Date

▶ _____

← My signature (in front of a notary)

我的签名 (在公证员面前)

Notarization (公证)

State of Washington (Washington 州)

County of (所在郡) _____

This document was acknowledged before me on (date) _____

本文档已于 (日期) ____ 在我面前得到确认。

by (name) / 人员 (姓名) _____。

▶ _____

Signature of Notary (公证员签字)

Notary Public for the State of Washington.

(Washington 州公证员。)

My commission expires (公证职责截止日期)