

持久財務授權書

我的姓名是 _____。

我的出生日期是 _____。

1. 代理人。我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

- ☐ **後備代理人。**如果上述代理人無法或不願執行授權，我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

- ☐ **第 2 名候補代理人。**如果上述代理人無法或不願執行授權，我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

2. 我的權利。只要我仍有能力，我就會保留自行做出財務決定的權利。

3. 持久性。假如我生病或受傷，而且無法自行做出決定，我的代理人可以使用這份授權文件管理我的財務。我的殘疾狀態不會影響本授權書的效力。

4. 開始日期。本授權書生效日期：(請勾選一項)

- ☐ 立即生效
- ☐ 僅在我的醫療服務提供者簽署信函，表明我無法自行做出決定時。

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.

5. **失效日期。**如果我撤銷該授權或者去世，則本授權書失效。如果我的代理人是配偶或同居伴侶，則其中任何一方在法庭上提出離婚時，本授權書即失效。)

6. **撤銷。**我撤銷我過去簽署的任何財務授權書文件。我知悉我可以隨時透過向我的代理人發出書面撤銷通知來撤銷此授權。

7. **權力。**我的代理人應獲得全面權力和授權，以充分且有效地執行本人可以進行的任何操作，包括但不限於：

- ✓ 向任何金融機構中我名下的任何賬戶進行存款和付款
- ✓ 打開我名下的任何保險箱並取走其中物品
- ✓ 出售、交換或轉移股票、債券或其他證券所有權
- ✓ 出售、轉讓或抵押任何不動產或個人財產
- ✓ 申請並管理政府福利，包括 Medicaid

8. **特別權力。**我的代理人還應擁有以下權力：

- ☐ 是 ☐ 否 將我的金錢或財產作為禮物送出
- ☐ 是 ☐ 否 創建、更改或取消我的生存者財產繼承權
- ☐ 是 ☐ 否 創建、更改或取消受益人指定
- ☐ 是 ☐ 否 放棄我作為年金或退休計畫受益人的權利
- ☐ 是 ☐ 否 創建、更改或取消某項信託

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.

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

☐ 是 ☐ 否 像我一樣告知受託人對信託進行分配

☐ 是 ☐ 否 創建、更改或取消共同財產繼承協議

☐ 是 ☐ 否 將本文件中所授與的權限授予其他人

9. 賬目。我的代理人應保管我的準確財務記錄，並在我索要時出示這些記錄。

10. 監護人或財產保管人提名。我提名將我的代理人作為財產保管人，在需要執行財產保管程序時提請法院進行考慮。

11. HIPAA (健康保險攜帶和責任法案) 披露。我授權我的醫療服務提供者向我的代理人披露受《1996 年健康保險攜帶和責任法案》(HIPAA) 管轄的所有信息。

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

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

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

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

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：_____

► _____

我的簽名 (在公證人面前)

← Date

← My signature (in front of a notary)

公證 (Notarization)

State of Washington (Washington 州)

County of (所在郡) _____

This document was acknowledged before me on (date) _____

以下人員在我面前簽字或證明 (日期)

by (name) / 人員 (姓名) _____。



Signature of Notary (公證員簽字)

Notary Public for the State of Washington.

(Washington 州公證員。)

My commission expires (公證職責截止日期)