

Appendix A

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until:

- (1) you die or revoke the power of attorney;
- (2) your agent resigns or is unable to act for you; or your agent resigns or is unable to act for you; or
- (3) a guardian is appointed for your estate.

I, _____ (insert your name and address), appoint _____ (insert the name and address of the person appointed) as my agent to act for me in any lawful way with respect to all of the following powers that I have initialed below. (YOU MAY APPOINT CO-AGENTS. UNLESS YOU PROVIDE OTHERWISE, CO-AGENTS MAY ACT INDEPENDENTLY.)

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (M).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD.

_____ (A) Real property transactions;

- _____ (B) Tangible personal property transactions;
- _____ (C) Stock and bond transactions;
- _____ (D) Commodity and option transactions;
- _____ (E) Banking and other financial institution transactions;
- _____ (F) Business operating transactions;
- _____ (G) Insurance and annuity transactions;
- _____ (H) Estate, trust, and other beneficiary transactions;
- _____ (I) Claims and litigation;
- _____ (J) Personal and family maintenance;
- _____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- _____ (L) Retirement plan transactions;
- _____ (M) Tax matters;
- _____ (N) ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

Special instructions applicable to agent compensation (initial in front of one of the following sentences to have it apply; if no selection is made, each agent will be entitled to compensation that is reasonable under the circumstances):

My agent is entitled to reimbursement of reasonable expenses incurred on my behalf and to compensation that is reasonable under the circumstances.

My agent is entitled to reimbursement of reasonable expenses incurred on my behalf but shall receive no compensation for serving as my agent.

Special instructions applicable to co-agents (if you have appointed co-agents to act, initial in front of one of the following sentences to have it apply; if no selection is made, each agent will be entitled to act independently):

_____ Each of my co-agents may act independently for me.

_____ My co-agents may act for me only if the co-agents act jointly.

_____ My co-agents may act for me only if a majority of the co-agents act jointly.

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

_____ I grant my agent the power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE BELOW, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT TERMINATES.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Termination of this durable power of attorney is not effective as to a third party until the third party has actual knowledge of the termination. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. The meaning and effect of this durable power of attorney is determined by Texas law.

If any agent named by me dies, becomes incapacitated, resigns, or refuses to act, or if my marriage to an agent named by me is dissolved by a court decree of divorce or annulment or is declared void by a court (unless I provided in this document that the dissolution or declaration does not terminate the agent 's authority to act under this power of attorney), I name the following (each to act alone and successively, in the order named) as successor(s) to that agent: _____.

Signed this _____ day of _____, _____.

(your signature)

State of _____

County of _____

This document was acknowledged before me on _____ (date) by
_____ (name of principal)

(signature of notarial officer)

(Seal, if any, of notary) _____ (printed name)

My commission expires: _____

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, you establish a "fiduciary" relationship with the principal. This is a special legal relationship that imposes on you legal duties that continue until you resign or the power of attorney is terminated or revoked by the principal or by operation of law. A fiduciary duty generally includes the duty to:

- (1) act in good faith;
- (2) do nothing beyond the authority granted in this power of attorney;
- (3) act loyally for the principal's benefit;
- (4) avoid conflicts that would impair your ability to act in the principal's best interest; and
- (5) disclose your identity as an agent when you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent

In addition, the Durable Power of Attorney Act (Subtitle P, Title 2, Estates Code) requires you to:

- (1) maintain records of each action taken or decision made on behalf of the principal;
- (2) maintain all records until delivered to the principal, released by the principal, or discharged by a court; and
- (3) if requested by the principal, provide an accounting to the principal that, unless otherwise directed by the principal or otherwise provided in the Special Instructions, must include:
 - (A) the property belonging to the principal that has come to your knowledge or into your possession;
 - (B) each action taken or decision made by you as agent;
 - (C) a complete account of receipts, disbursements, and other actions of you as agent that includes the source and nature of each receipt, disbursement, or action, with receipts of principal and income shown separately

- (D) a listing of all property over which you have exercised control that includes an adequate description of each asset and the asset's current value, if known to you;
- (E) the cash balance on hand and the name and location of the depository at which the cash balance is kept;
- (F) each known liability;
- (G) any other information and facts known to you as necessary for a full and definite understanding of the exact condition of the property belonging to the principal; and
- (H) all documentation regarding the principal's property.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. An event that terminates this power of attorney or your authority to act under this power of attorney includes:

- (1) the principal's death;
- (2) the principal's revocation of this power of attorney or your authority;
- (3) the occurrence of a termination event stated in this power of attorney;
- (4) if you are married to the principal, the dissolution of your marriage by a court decree of divorce or annulment or declaration that your marriage is void, unless otherwise provided in this power of attorney;
- (5) the appointment and qualification of a permanent guardian of the principal's estate; or
- (6) if ordered by a court, the suspension of this power of attorney on the appointment and qualification of a temporary guardian until the date the term of the temporary guardian expires.

The authority granted to you under this power of attorney is specified in the Durable Power of Attorney Act (Subtitle P, Title 2, Estates Code). If you violate the Durable Power of Attorney Act or act beyond the authority granted, you may be liable for any damages caused by the violation or subject to prosecution for misapplication of property by a fiduciary under Chapter 32 of the Texas Penal Code.

THE AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT,
ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN
AGENT.

Appendix B

Agreement Regarding Presentment Of Power Of Attorney Document

On the ___ day of _____, 2017, [Agent] delivered a durable power of attorney form signed by [principal] to the Bank. This agreement is to clarify whether the Agent has “presented” the durable power of attorney for acceptance by the Bank pursuant to Texas Estates Code Section 751.201(a). The Agent hereby requests that the Bank

_____ does or

_____ does not

accept a purported power of attorney document at this time. If the Agent desires that the Bank accept the durable power of attorney in the future, the Agent will provide notice to the Bank in writing of such request.

Agent

Bank

Appendix C

Agreement Regarding Date To Accept Or Reject Power Of Attorney Document

On the ___ day of _____, 2017, [Agent] requested that the Bank accept a purported power of attorney document signed by [principal] in relation to a requested transaction. [select one of the following options as applicable]

The Parties hereby agree that the Bank shall either accept or reject that power of attorney by the ___ day of _____, 2017.

[or]

The Parties hereby agree that the Bank shall have until the ___ day of _____, 2017, to request an English translation, and that the period to either accept or reject the power of attorney document or to request an agent's certification or opinion of counsel shall start on that agreed upon date or the date that the English translation is provided if a translation is requested.

[or]

The Parties hereby agree that the Bank shall have until the ___ day of _____, 2017, to request an agent's certification, and that the period to either accept or reject the power of attorney document shall start on that agreed upon date or the date that the certification is provided if a certification is requested.

[or]

The Parties hereby agree that the Bank shall have until the ___ day of _____, 2017, to request an opinion of counsel, and that the period to either accept or reject the power of attorney document shall start on that agreed upon date or the date that the opinion is provided if an opinion is requested.

[or]

The Parties hereby agree that the Bank shall have until the _____ day after receipt of an agent's certification or an opinion of counsel to either accept or reject the power of attorney document.

Executed this ___ day of _____, 2017.

Bank

Agent

Appendix D

CERTIFICATION OF DURABLE POWER OF ATTORNEY BY AGENT

I, _____ (agent), certify under penalty of perjury that:

1. I am the agent named in the power of attorney validly executed by _____ (principal) (“principal”) on _____ (date), and the power of attorney is now in full force and effect.

2. The principal is not deceased and is presently domiciled in _____ (city and state/territory or foreign country).

3. To the best of my knowledge after diligent search and inquiry:

a. The power of attorney has not been revoked by the principal or suspended or terminated by the occurrence of any event, whether or not referenced in the power of attorney;

b. At the time the power of attorney was executed, the principal was mentally competent to transact legal matters and was not acting under the undue influence of any other person;

c. A permanent guardian of the estate of the principal has not qualified to serve in that capacity;

d. My powers under the power of attorney have not been suspended by a court in a temporary guardianship or other proceeding;

e. If I am (or was) the principal’s spouse, my marriage to the principal has not been dissolved by court decree of divorce or annulment or declared void by a court, or the power of attorney provides specifically that my appointment as the agent for the principal does not terminate if my marriage to the principal has been dissolved by court decree of divorce or annulment or declared void by a court;

f. No proceeding has been commenced for a temporary or permanent guardianship of the person or estate, or both, of the principal; and

g. The exercise of my authority is not prohibited by another agreement or instrument.

4. If under its terms the power of attorney becomes effective on the disability or incapacity of the principal or at a future time or on the occurrence of a contingency, the principal now has a disability or is incapacitated or the specified future time or contingency has occurred.

5. I am acting within the scope of my authority under the power of attorney, and my authority has not been altered or terminated.

6. If applicable, I am the successor to _____ (predecessor agent), who has resigned, died, or become incapacitated, is not qualified to serve or has declined to serve as agent, or is otherwise unable to act. There are no unsatisfied conditions remaining under the power of attorney that preclude my acting as successor agent.

7. I agree not to:

a. Exercise any powers granted by the power of attorney if I attain knowledge that the power of attorney has been revoked, suspended, or terminated; or

b. Exercise any specific powers that have been revoked, suspended, or terminated.

8. A true and correct copy of the power of attorney is attached to this document.

9. If used in connection with an extension of credit under Section 50(a)(6), Article XVI, Texas Constitution, the power of attorney was executed in the office of the lender, the office of a title company, or the law office of _____.

10. [Any other factual matter concerning the principal, agent, or power of attorney]

Date: _____, 20__.

(signature of agent)

State of _____

County of _____

This document was acknowledged before me on _____ (date) by
_____ (name of principal)

(signature of notarial officer)

(Seal, if any, of notary) _____ (printed name)

My commission expires: _____

Appendix E

Written Statement From Physician

I, _____ (physician), certify that:

1. I am a medical doctor and am a physician for _____ (principal) (“principal”) on _____ (date), and have personal knowledge of the condition of the principal.

2. [If the power of attorney document has a definition, then use this provision.] The power of attorney document defines incapacity or disability as: _____.

3. [If the power of attorney document does not have a definition, then use this provision.] I have been informed that under Texas Estates Code Section 751.00201, a person is considered disabled or incapacitated for the purposes of the durable power of attorney if the person is mentally incapable of managing the person’s financial affairs.

4. Based on my medical examination of the principal and my experience, training, and education, I have determined that the principal is [has met the definition for incapacity as set forth in the power of attorney document] [or] [mentally incapable of managing his or her financial affairs based on a reasonable medical probability as of the date of this statement].

Signed this ____ day of _____, 20__.

Physician for Principal

Appendix F

_____, 2017

POA Agent's Name
Address

Re: Power of Attorney Document Signed By _____ And Dated _____

Dear _____:

The Bank received a request by you on _____ to make a transaction on behalf of _____ using a power of attorney document.

_____ A. At this time, the Bank will not accept the power of attorney document (but may in the future), and requests that You:

_____ provide an English translation of the power of attorney document, or any portion thereof not in English, under Section 751.205 of the Texas Estate's Code;

_____ provide an agent's certification under Section 751.203 of the Texas Estate's Code, that is in the form and contains all of the factual material in Section 751.203(b) of the Texas Estate's Code; and/or

_____ provide an opinion of counsel under Section 751.204 of the Texas Estate's Code regarding the following matter of law concerning the power of attorney document

and the following is the reason for the request:

_____.

_____ B. At this time, the Bank will not accept the power of attorney document and provides the following reason for its refusal:

_____ The Bank would not otherwise be required to engage in a transaction with the principal under the same circumstances, including a circumstance in which You seek to:

_____ establish a customer relationship when the principal is not already a customer of the Bank or expand an existing customer relationship with the Bank under the power of attorney; or

_____ acquire a product or service under the power of attorney that the Bank does not offer;

_____ The Bank has actual knowledge of the termination of Your authority or of the power of attorney document;

_____ You refused to comply with a request for a certification, opinion of counsel, or translation under Section 751.201 or the Bank in good faith is unable to determine the validity of the power of attorney or Your authority to act under the power of attorney because the certification, opinion, or translation is incorrect, incomplete, unclear, limited, qualified, or otherwise deficient in a manner that makes the certification, opinion, or translation ineffective for its intended purpose;

_____ The Bank believes in good faith that:

_____ the power of attorney is not valid;

_____ You do not have the authority to act as attempted; or

_____ the performance of the requested act would violate the terms of: (i) a business entity's governing documents; or (ii) an agreement affecting a business entity, including how the entity's business is conducted;

_____ The Bank commenced, or has actual knowledge that another person commenced, a judicial proceeding to construe the power of attorney or review Your conduct and that proceeding is pending;

_____ The Bank commenced, or has actual knowledge that another person commenced, a judicial proceeding for which a final determination was made that found: (A) the power of attorney invalid with respect to a purpose for which the power of attorney is being presented for acceptance; or (B) You lacked the authority to act in the same manner in which You are attempting to act under the power of attorney;

_____ The Bank makes, has made, or has actual knowledge that another person has made a report to a law enforcement agency or other federal or state agency stating a good faith belief that the principal may be subject to physical or financial abuse, neglect, exploitation, or abandonment by You or a person acting with or on behalf of You;

_____ The Bank has received conflicting instructions or communications from co-agents acting under the same power of attorney or from agents acting under different powers of attorney signed by the same principal or another adult acting for the principal; or

_____ The Bank is not required to accept the durable power of attorney by the law of the jurisdiction that applies in determining the power of attorney's meaning and effect, or the powers conferred under the durable power of attorney that You attempt to exercise are not included within the scope of activities to which the law of that jurisdiction applies.

_____ C. At this time, the Bank will not accept the power of attorney document and the reason for its refusal is found in Texas Estate's Code Section 751.206(2) or (3). The Bank makes this statement under penalty of perjury as evidenced by the verification affixed below.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Agent For the Bank

Verification Applicable to Section C:

STATE OF _____ §
 §
_____ COUNTY §

BEFORE ME, the undersigned authority, appeared _____, Agent for the Bank, and being by me duly sworn, upon oath stated that the facts stated above are based on her/his own personal knowledge based on the documents and information provided to the Bank by its agents and employees in the ordinary course of business and upon the Bank's investigation of the facts relevant to this matter and they are true and correct.

_____, Agent For Bank

Subscribed and sworn to before me on this _____ day of _____, 2017, to certify which witness my hand and seal of office.

NOTARY PUBLIC,
STATE OF _____

Appendix G

The statutory durable power of attorney may be modified to allow the principal to grant the agent the specific authority described by Section 751.031(b) by including the following language: “GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below: (CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent. If you DO NOT want to grant your agent one or more of the following powers, you may also CROSS OUT a power you DO NOT want to grant.)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of Section 751.032 of the Durable Power of Attorney Act (Section 751.032, Estates Code) and any special instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney”.