

## POWER OF ATTORNEY INTAKE FORM

| <b>PATIENT:</b>   |  |
|---|--|
| Full Name:  | <b>County of residence:</b>  |
| Has the patient previously done a Power of Attorney?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does the patient want to revoke the prior POA?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Type of Power of Attorney wanted:<br><i>(If client is interested in springing powers, Be sure to explain the drawbacks of this set-up)</i>  | <input type="checkbox"/> In effect immediately & after incapacity (Durable)<br><br><input type="checkbox"/> (Springing)<br><input type="checkbox"/> after client instructs agent in writing<br><input type="checkbox"/> after incapacity, determined by person specified by patient:<br><br><input type="checkbox"/> after incapacity, determined by 2 physicians                                  |
| <b>AGENT(S):</b>  |  |
| Agent Name  |  |
| Co-agent Name, if any <i>(note – there is no requirement for a co-agent, and co-agents can be problematic – explain why)</i>  |  |
| If co-agent is named, can the agents act independently?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>SUCCESSOR AGENT:</b>   |  |
| Name:   |  |
| County of Residence (city and state if not NC)  |  |
| <b>Power to appoint additional agents:</b><br>Does patient want her/his agent to be able to appoint another agent?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>GENERAL AUTHORITY GRANTED</b>  |  |
| <input type="checkbox"/> Real Property<br><input type="checkbox"/> Tangible Personal Property<br><input type="checkbox"/> Stocks and Bonds<br><input type="checkbox"/> Commodities and Options<br><input type="checkbox"/> Banks and Other Financial Institutions<br><input type="checkbox"/> Operation of Entity or Business<br><input type="checkbox"/> Insurance and Annuities<br><input type="checkbox"/> Estates, Trusts, & Other Beneficial Interests | <input type="checkbox"/> Claims and Litigation<br><input type="checkbox"/> Personal and Family Maintenance<br><input type="checkbox"/> Benefits from Governmental Programs or Civil or Military Service<br><input type="checkbox"/> Retirement Plans<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> All Preceding Subjects  |
| <b>SPECIFIC AUTHORITY – “HOT POWERS” GRANTED</b>  |  |
| <input type="checkbox"/> Gift to individual(s)<br><i>Subject to limitations in 32C-2-217 - Limited to the greater of</i><br>a) historical gifts; or<br>b) gift tax exclusion (currently \$15,000)   | Individuals (or class of individuals)<br><input type="checkbox"/> spouse <input type="checkbox"/> issue <input type="checkbox"/> spouses of issue<br><input type="checkbox"/> other family members <input type="checkbox"/> charities<br>Specific names, if desired:<br><br>Gifts to agent or those to whom agent has support obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Gifts/Transfers to facilitate eligibility for government benefits (eg for nursing home) or tax planning.**

**NOTE: This question is only relevant if the client owns a home or has other significant assets. If client is low income/low assets, there is no need to ask this question.**

Yes  No

This power permits the agent to make potentially large gifts in order to facilitate **eligibility for public benefits, primarily Medicaid**, or to avoid Medicaid estate recovery (where the state recoups Medicaid benefits from the patient's estate after death). *Note that we can't advise about specifics of Medicaid planning and client should consult with an expert attorney if they have questions.*

This power also allows gifts for **tax planning purposes** – Few of our clients will have sufficient assets for this power to be relevant.

Create or change **rights of survivorship** on bank, brokerage, other accounts?

Yes  No

In favor of agent?  Yes  No

In favor of person agent owes support obligation?   
Yes  No

Create or change **beneficiary designations** on retirement, insurance, annuity, other accounts?

Yes  No

In favor of agent?  Yes  No

In favor of person agent owes support obligation?   
Yes  No

Authorize another person to exercise the authority granted under the POA

Yes  No

Limited to particular person? Who?

Waive principal's right to be beneficiary under joint and survivor annuity, including retirement plan

Yes  No

Exercise fiduciary powers principal has authority to delegate

Yes  No

Disclaim or refuse an interest in property, including a power of appointment

Yes  No

Exercise authority over the content of electronic communications

Yes  No

**Miscellaneous Matters**

**Records & Accountings**

-The agent must keep records of transactions and provide records to principal on request. (This can be waived, but not advisable).  
-If the patient is incompetent, who should the agent provide records to?

Name of person(s) who can request records if principal is incapacitated:

**Guardianship.** If a guardian ever needs to be appointed, does client nominate agent?  
If co-agent, which co-agent?

Yes  No

**Compensation.** Does the patient want the agent to serve without compensation other than reimbursement for expenses?

Yes  No