**ARKANSAS LIMITED POWER OF ATTORNEY**

 BE IT ACKNOWLEDGED that I, [PRINCIPAL NAME] (principal name), with a social security number of [#] (SSN), the “Principal”, do hereby grant a limited and specific power of attorney to [AGENT NAME] (agent name) of [AGENT ADDRESS] (address) with a phone number of [AGENT PHONE NUMBER] (phone) as my “Attorney-in-Fact”.

Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. [POWER #1]

2. [POWER #2]

3. [POWER #3]

4. [POWER #4]

5. [POWER #5]

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interest as my Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.

This power of attorney may be revoked by any of the following:

**(Initial and Check All Applicable Boxes)**

[INITIALS] [ ]  - By the Principal at any time by signing a Revocation.

[INITIALS] [ ]  - When the act(s) designated above have been completed.

[INITIALS] [ ]  - On [MM/DD/YYYY].

**This power of attorney form shall automatically be revoked upon my death or incapacitation**, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

**State Law**. This power of attorney is governed by the laws of the State of Arkansas.

 Signed on [MM/DD/YYYY].

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

**Principal’s Signature**

[PRINCIPAL PRINTED NAME]

Principal’s Print Name

**ACCEPTANCE OF APPOINTMENT**

 I, [AGENT / ATTORNEY-IN-FACT NAME], the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

**Attorney-in-Fact’s Signature**

[AGENT / ATTORNEY-IN-FACT PRINTED NAME]

Attorney-in-Fact’s Printed Name

**ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF [NOTARY ONLY: STATE]

COUNTY [NOTARY ONLY: COUNTY]

 On [NOTARY ONLY: MM/DD/YYYY], before me appeared

[NOTARY ONLY: PRINCIPAL NAME], as Principal of this power of attorney who proved to me through government issued photo identification to be the above-named person, who in my presence executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

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 **Notary Public**

 My commission expires: [NOTARY ONLY: MM/DD/YYYY]