

# HAWAII LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, \_\_\_\_\_ (principal name), with a social security number of \_\_\_\_\_ (SSN), the "Principal", do hereby grant a limited and specific power of attorney to \_\_\_\_\_ (agent name) of \_\_\_\_\_ (address) with a phone number of \_\_\_\_\_ (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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
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)

- \_\_\_\_\_  - By the Principal at any time by signing a Revocation.
- \_\_\_\_\_  - When the act(s) designated above have been completed.
- \_\_\_\_\_  - 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 Hawaii.

Signed on \_\_\_\_\_ (mm/dd/yyyy).

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
Principal's Printed Name

### **ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

\_\_\_\_\_  
**Attorney-in-Fact's Signature**

\_\_\_\_\_  
Attorney-in-Fact's Printed Name

### **ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY \_\_\_\_\_

On \_\_\_\_\_ (mm/dd/yyyy), before me appeared \_\_\_\_\_, 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.

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_