



THE PRINCIPAL (the person giving the power)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

FIRST HEALTHCARE AGENT

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

SECOND HEALTHCARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

THIRD HEALTHCARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly
- Agents may act separately

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"