

SPECIAL POWER OF ATTORNEY – MILITARY AFFAIRS

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

1. That I, _____, do hereby appoint _____, presently of _____, _____ (only city and state), my true and lawful attorney-in-fact to do the following in my name and in my behalf:
 2. **Clearing.** To clear _____, _____ (Installation, State) to include, personnel, finance, Central Issuing Facility, and my unit of assignment.
 3. **Temporary Lodging Allowance.** To accept and deposit Temporary Lodging Allowance checks for me and/or to process necessary documents and file for Temporary Lodging Allowance.
 4. **Movement of HHG & POV.** To Take possession and order the removal and shipment of my household goods, personal baggage, or other personal property, or any motor vehicle which is registered in my name, and to cause such property to be removed from any location and to cause it to be shipped to any warehouse, depot, dock or other place of storage or safekeeping, governmental or private, directed by orders of appropriate U.S. Government transportation officials, and to execute and deliver all necessary forms, papers, certificates and receipt to carryout the foregoing.
 5. **Terminate Quarters.** To effect the termination of privatized on-post housing or U.S. Government housing assigned to me and/or my family members, to procure or return any and all privatized on-post housing or U.S. Government property used in or for such quarters, and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.
 6. **DFAS.** To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, to establish and/or start or change an allotment for an amount equal to my Basic Allowance for Housing (BAH) for the purpose of obtaining and maintaining quarters pursuant to the Residential Communities Initiative (RCI); to stop an allotment equal to my BAH for the purpose of vacating quarters assigned to or leased by me..
 7. **Privatized Housing.** For me and in my name to rent, lease, receive, accept or otherwise acquire in my place and for my account property suitable for living-quarters for a fixed period of time upon such terms, considerations and conditions as my said attorney-in-fact shall think proper. My attorney-in-fact is authorized to take possession of and to enter into such property; also, to guard, defend, possess and otherwise secure all property, be it personal or mixed, contained in or attached to said premises. To deposit in my name any amount of funds or property to effectuate a security deposit for said premises. In the event of damage to said property, intentionally or otherwise, to initiate, maintain, compromise or otherwise dispose of nay legal or equitable suit or claim against the other party causing the damage for the loss, and to receive payment in reimbursement for said loss.
- Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present, and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.
8. **Receive HHG & POV.** To accept delivery of or to receive from and take possession of, receipt for and/or clear through customs, my Household Goods, Unaccompanied Baggage, and/or my personally owned motor vehicles, and

to execute any and all documents, release, voucher, receipt, shipping ticket or other instruments necessary or convenient for such purpose.

9. **Accept Quarters.** To accept privatized on-post or U.S. Government housing assigned to me and/or my family members; to sign for and take possession of such privatized on-post or U.S. Government housing in my name; and to sign for and take possession of any and all furniture, appliances, and equipment that may be authorized for use in or with such on-post housing as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.

10. **Use POV.** To transfer the title to, transfer possession of, use, operate, insure, license, and register with any state or governmental agency any and all vehicles of which I am or may become the registered or legal owner.

11. **Claims.** To institute and prosecute, or to appear and defend any claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.

12. **Recover Claims.** To demand, act to recover, and receive all sums of money and all other things which are now or will become owing or belonging to me as a result of such claims, and to institute accounts on my behalf and to deposit such funds of mine. To endorse, cash, and receive the proceeds of any check or other negotiable instrument which is made payable to me. This shall include, but not be limited to, to authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer or other fiscal officer or depository of the United States.

13. **LES.** To do all acts and sign all documents required in order to pick-up my Leave and Earning Statement at any military finance office.

14. **ID Cards/DEERS/Tri-Care.** To do all acts and sign all documents required in order to obtain military identification card(s) and enroll family members in DEERS and Tri-Care in my absence; and to sign in my name, place and stead any document necessary under the law, and to make, sign, endorse, receive or accept any instrument of any kind or nature as may be necessary and proper.

15. **Finance.** To perform any and all acts elected below as related to military and civilian financial matters, including without limitation the following: (**Elect your options by initialing the line in front of the options you want.**)

- a. ____ To establish, change, or stop allotments of pay.
- b. ____ To start, change, or stop direct deposit/EFT disbursements of my pay and allowances, and to change financial institutions or account numbers.
- c. ____ To complete any documentation required to establish, recertify, change, or stop family subsistence supplemental allowance (FSSA), basic allowance for housing (BAH), and family separation allowance (FSA).
- d. ____ To start, stop, or change contributions, by allotment or cash, to the Uniformed Services Thrift Savings Program.
- e. ____ To start, stop, or change GI bill or other education plans, as authorized by regulation.
- f. ____ To obtain and discuss any and all information relevant to my military pay and travel accounts, to include completing documentation to correct any pay deficiencies.
- g. ____ To complete forms necessary for transportation of household goods.
- h. ____ To submit and amend claims for reimbursement of member & dependent travel expenses, including but not limited to local travel, temporary duty (TDY) travel, and permanent change of station (PCS) travel.
- i. ____ To request travel advances as permitted under official orders.

k. ____ To complete forms necessary to process and receive medical specialty pay entitlements and bonuses.

l. ____ Additionally, these powers are not limited to the transactions listed above. I hereby grant my designated representative the ability to transact any and all business with commercial banking institutions and military finance offices that would require my initiation, processing, completing, or corrections to my account with said agencies.

16. **Tax Preparation.** To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.

17. **AER.** To apply for, contract, and receive a loan or loans and to borrow any sums of money or to apply for grants from service relief organizations (e.g., Army Emergency Relief), in my name and upon such terms as my said attorney-in-fact shall see fit and to execute in the name of the undersigned a DD Form 139 and/or such other indemnities, applications, or other documents which may be required by law or regulation to effect such loan or grant; to receive, endorse, and collect checks payable to the order of the undersigned obtained pursuant to such loans or grants; to obligate the undersigned for repayment, if warranted, of such assistance.

My attorney-in-fact is authorized to provide whatever information needed to complete any and all documents requested and/or deemed necessary by the service relief organization to complete an application and to acquire a loan.

By signing this Special Power of Attorney, I acknowledge that I will be responsible for repayment, if warranted, of such assistance. Further, I understand that notification of this assistance will then be sent to me and may be accompanied by an allotment request form which I will then sign and, if possible, have registered, and return as directed by the service relief organization. I understand that all assistance to my dependents will depend on the merits of the situation and the policies of the service relief organization and that any application made on my behalf by my attorney-in-fact does not establish a line of credit at the service relief organization for my dependents.

18. **No Applicability to Life Insurance or Fiduciary Powers.** My Agent shall have no rights or powers respect to the following:

- a. Life Insurance: My Attorney shall have no rights or power hereunder to cancel or change the beneficiary of my SGLI or any other policy of life insurance owned by me.
- b. Fiduciary Powers: My attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

19. **Hold Harmless Clause.** I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

20. **Termination Date.** This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____, _____20____. (maximum of two years from today's date)

21. **Durable Power of Attorney.** I intend for this to be a **DURABLE Power of Attorney**. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent; or when the United States

Government determines that I am in a military status of "missing," "missing in action," or "prisoner of war." All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this power of attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, 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, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME**. Furthermore, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to the United States military control following termination of such status **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME**.

22. Ratify Acts of Attorney. I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

23. **Transactions in my Name.** All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this _____ day of _____ 200__.

Signature of Grantor

STATE OF ALASKA)
) ss:
_____ JUDICIAL DISTRICT)

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally appeared the said, _____, who is known to me to be the person who is described herein, whose name is subscribed to, and who signed this power of Attorney as Grantor, and who acknowledged that this instrument was executed as a free and voluntary act for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this _____ day of _____ 200__.

Signature: _____
Name: _____
Notary Public, State of Alaska
My Commission Expires: _____