

# SPECIAL POWER OF ATTORNEY

## FOR SEEKING ARMY EMERGENCY RELIEF ASSISTANCE

PREAMBLE: This document is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10 United States Code, Section 1044(b), and executed by a person authorized to receive legal assistance from the military. 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 in which it is presented.

### KNOW BY ALL PERSONS PRESENT:

1. That I, \_\_\_\_\_, of \_\_\_\_\_ (the state of residence or state where service member entered active duty), a member of the United States Armed Forces, currently at \_\_\_\_\_ pursuant to Military Orders, do hereby appoint \_\_\_\_\_, of \_\_\_\_\_ (current city and state of residence), my true and lawful attorney-in-fact to do the following in my name and in my behalf:

a. To apply for, contract, and receive a loan or loans and/or to borrow any sums of money or to apply for grants from Army Emergency Relief (AER), whether directly from AER or through the Air Force Aid Society, Navy Marine Corps Relief Society, Coast Guard Mutual Aid, or the American Red Cross, 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.

b. The above enumerated powers specifically include the authority to establish, change, or stop allotments from my military active duty and or retired pay for the purpose of repayment of said assistance loan issued by AER or through the Air Force Aid Society, Navy Marine Corps Relief Society, Coast Guard Mutual Aid, or the American Red Cross on behalf of AER.

Furthermore, I hereby give and grant 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.

**2. 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.

**3. 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Maximum two years from today's date)

**4. 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 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.**

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

**6. 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 witnessing it at my request this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_(SEAL)  
Signature of Grantor

\_\_\_\_\_  
Printed Name

**CIVILIAN NOTARIZATION OR MILITARY ACKNOWLEDGEMENT**

The grantor must sign this Power of Attorney in the presence of **either** a civilian Notary Public **or** a person authorized to issue an Acknowledgement under Title 10, United States Code, Section 1044a (10 U.S.C. 1044a), such as an Adjutant or a Judge Advocate.

**Notarization**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

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 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 \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Name: \_\_\_\_\_ / Notary Public

My Commission Expires: \_\_\_\_\_

**Military Acknowledgement**

**Military Acknowledgement** (to be completed by a person authorized under 10 U.S.C. 1044a, for example, a duly appointed Adjutant or a Judge Advocate ("JAG" officer)).

WITH THE ARMED FORCES OF THE UNITED STATES

at \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, who is known to me to be a member of the Armed Forces of the United States serving on Active Duty, \_\_\_\_\_ (DATE). This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgment.

(SIGN) \_\_\_\_\_

(PRINT) \_\_\_\_\_

RANK/ COMPONENT \_\_\_\_\_ OFFICIAL CAPACITY \_\_\_\_\_