



**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"*