

**Planner/Rep Info**

**NAFEP Acct no.**

Name: \_\_\_\_\_ PH: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

**Selecting Personal Reps and Power Holders**

This order form allows an individual or a married couple to order a package of important estate planning documents. These are: Durable Power of Attorney, Medical Power of Attorney, Advance Medical Directive and Guardianship Appointment for Minor Children (if the individual or couple have minor children). If this order is filled out by a married couple, each of them will receive their own set of these documents.

The two powers of attorney require each individual to name a personal representative and an alternate personal representative. An alternate rep is not mandatory, but is highly recommended. The reps who are chosen should be the closest and most trusted relatives, friends or advisors of the person making the appointments. Married couples usually pick their spouse as the rep, and then, usually, one of their adult children as alternate rep. Siblings, parents and adult children are common choices for single people, and even for some married individuals.

**Important Note and Caution**

Many people attempt to name numerous individuals to serve either jointly or serially in these positions. Be aware that these documents often must be used and accepted on a moment's notice by various institutions at crucial times in your life. This may be a bank, doctor or hospital, title company, or court, for example. These institutions are not willing to sort out from a complex list the one person who currently holds the power to act. Their reluctance is due to the fear they might misinterpret the appointment contingencies and then be sued for allowing the wrong person to act. They will not wade thru multiple choices or render legal decisions on contingency phrasing such as, "and/or", "if not available, then", "or in that case", etc. Institutions and doctors require a simple and clear-cut designation of who can legally act for you right now. The NAFEP system was intentionally designed to name only one current power holder or rep and one alternate. If you named more choices than that you would risk having an ineffective document. NAFEP simply cannot accommodate orders with more than one rep and one alternate.

**Personal Information**

Date \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Individual 1 \_\_\_\_\_ Spouse, If Any \_\_\_\_\_

Individual 1 Birth Date \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Individual 1 Soc. Sec. No. \_\_\_\_\_ Spouse Soc.Sec. No. \_\_\_\_\_

Is first Person a U.S. citizen? Yes [ ] No [ ] Is Spouse? Yes [ ] No [ ] E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**NAFEP Privacy Policy.** Personal information submitted to NAFEP for the creation of legal documents is protected by professional ethics rules regarding attorney-client confidentiality, and by NAFEP's privacy policy. Client information is not disseminated to anyone outside NAFEP's home office, or to anyone other than the attorney whom the client has retained to create the client's legal documents. No client information is on-line or otherwise available to any party outside of or apart from NAFEP. No client information is sold, rented, traded, etc. Client information may be obtained from NAFEP only by: The respective client, a proper court order, and/or a proper governmental demand.

**POWER OF ATTORNEY DOCUMENTS QUESTIONNAIRE**

Do you (or either of you) have a durable power of attorney, dated within the past 2 years? Yes [ ] No [ ] ---- A medical power of attorney dated within the last 2 years? Yes [ ] No [ ] ---- A living will (or medical directive) dated within the last 2 years? Yes [ ] No [ ] ---- If you have a medical power of attorney dated within the last two years, does it have a HIPAA release provision? Yes [ ] No [ ] ---- If you have minor children, do you have an appointment of guardianship for minor children dated within the last 2 years? Yes [ ] No [ ] N/A [ ]



The Following Information Requests, **1-A And 1-B**, Apply Only to Applicant No. 1:

**Note:** Name only one Personal and one Medical Rep. If an alternate Rep is chosen, name only one Personal and/or one Medical alternate rep. Legal complications often nullify these documents when multiple power holders or alternates are listed. See the above topic, *Selecting Personal Reps and Power Holders*, for more information.

**1-A.** If named, the following individual will receive your power of attorney to handle financial matters if you are incapacitated or unavailable.

*One* Personal Rep. \_\_\_\_\_ *One Alternate* Pers. Rep. \_\_\_\_\_ (Optional)

Rep City/State \_\_\_\_\_ Alternate Rep City/State \_\_\_\_\_

**1-B.** If named, the following individual will be empowered to make medical decisions for you if you are unable to make them for yourself.

*One* Medical Rep. \_\_\_\_\_ *One Alternate* Med. Rep. \_\_\_\_\_ (Optional)

Rep City/State \_\_\_\_\_ Alternate Rep City/State \_\_\_\_\_

The Following Information Requests, **2-A And 2-B**, Apply Only To Grantor No. 2:

**Note:** Name only one Personal and one Medical Rep. If an alternate Rep is chosen, name only one Personal and/or one Medical alternate rep. Legal complications often nullify these documents when multiple power holders or alternates are listed. See the above topic, *Selecting Personal Reps and Power Holders*, for more information.

**2-A.** If named, the following individual will receive your power of attorney to handle financial matters if you are incapacitated or unavailable.

*One* Personal Rep. \_\_\_\_\_ *One Alternate* Pers. Rep. \_\_\_\_\_ (Optional)

Rep City/State \_\_\_\_\_ Alternate Rep City/State \_\_\_\_\_

**2-B.** If named, the following individual will be empowered to make medical decisions for you if you are unable to make them for yourself.

*One* Medical Rep. \_\_\_\_\_ *One Alternate* Med. Rep. \_\_\_\_\_ (Optional)

Rep City/State \_\_\_\_\_ Alternate Rep City/State \_\_\_\_\_

### MINOR CHILDREN GUARDIANSHIP APPOINTMENT

The following individual(s) will act as guardian of any minor children you may have upon your death or incapacitation. The best choice is a married couple. If your children are grown or you are certain you will not have minor children, then "X" thru this section.

**Note:** Guardian appointments are highly influential, but not legally binding should your appointment be challenged in court. Also, if your children have a living parent besides yourself who retains parental rights, whether married to you or not that parent will normally retain legal custody in the event of your death or incapacitation. Likewise, the surviving parent of a married couple will have legal custody. Therefore, this appointment will likely be valid only when there is no other living parent who possesses parental rights. Also, this guardianship appointment is not effective for appointing a guardian for disabled individuals who are of legal age. Usually a court ordered conservator process is required in order to have legal custody of an adult.

Co-Guardian \_\_\_\_\_ Co-Guardian \_\_\_\_\_

City/State of Co-Guardians \_\_\_\_\_

Alternate Co-Guardian \_\_\_\_\_ Alternate Co-Guardian \_\_\_\_\_

City/State of Alternate Co-Guardians \_\_\_\_\_

### NAFEP ORDER AGREEMENT

**Legal Advice.** I/We state and declare that I/we have not received any legal advice from Planner Representative listed on Page 1, or his/her/its representatives, who were not attorneys, regarding whether or not I/we individually needed the documents ordered with this application. I/We specifically state that the Planner of this document gave me/us no legal advice, and I/we are not acting upon any advice, promise, inducement or representation that said Representative gave or made unless that representative is a licensed attorney.

**Execution.** I/We understand that the documents I/we am/are ordering with this application will not be effective unless I/we sign them and have them witnessed and notarized as required by each individual document. This is a process known as "execution". I/We understand that the responsibility for such execution of my/our documents is mine/ours, with informational assistance only from the herein named Planner. I/We understand that neither the National Association of Financial and Estate Planning (NAFEP) nor NAFEP Management Co., Inc. are responsible for helping me carry out such execution of my ordered documents, and I/we do hereby hold NAFEP, NAFEP Management Co., Inc. and the herein named Planner harmless from any negative result which may occur should I/we fail in my/our own responsibilities to complete such execution.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

### FEES AND CHARGES FOR POWER DOCUMENTS

**What You Are Ordering:** By completion and submission of this order agreement to National Association of Financial and Estate Planning (NAFEP), the individual(s) placing this order will receive the following documents, customized with his/her or their personal information and appointment choices: Durable power of attorney for financial affairs, medical power of attorney for an appointee to make medical decisions when the power giver is unable to make his or her own decisions, living will or advance medical directive regarding what medical procedures the power giver does or does not want in the event of a terminal illness with no consciousness remaining, and guardian appointments for minor children (where applicable). These documents will be state specific as far as state law exists for each given document type.

**Note:** Do not order power documents for two individuals on one application unless they are married.

Power Document Package for one Individual - \$ \_\_\_\_\_

-- OR --

Power Document Package for a Married Couple - \$ \_\_\_\_\_

**Method of Payment Is One of the Following:**

- Company or Personal Check for \$ \_\_\_\_\_ Is Enclosed
  - Payment of \$ \_\_\_\_\_ Is to Be Charged to a Credit/Debit Card with This Info: \_\_\_\_\_  
(Name on Card)
- \_\_\_\_\_  
(Card Number)      Visa     MasterCard     American Express    Expiration Date: \_\_\_\_\_

\*\*\*\*\*

Please arrange for NAFEP to provide my power documents package as described and ordered on this "Power Of Attorney/Medical Docs Information & Order Agreement ":

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FAX OR MAIL ALL APPLICABLE PAGES TO:**



**NAFEP Management Co., Inc.**  
525 E. 4500 So., No. F-100  
Salt Lake City, UT 84107  
www.nafep.com  
PH. (801) 266-9900  
**FAX (801) 266-1019**

