

E: YOU MUST HAVE YOUR MILITARY IDENTIFICATION CARD WITH YOU TO EXECUTE YOUR POWER OF ATTORNEY.

PRIVACY ACT STATEMENT: Information is solicited in accordance with Title 10, US Code Section 3012, and is used to provide information necessary in preparation of a Power of Attorney. Solicited information is voluntary; however, failure to provide information precludes the preparation of a power of attorney.

| | | | | | |
|--|--|---|--|-------------------------------|----------------------------------|
| Your Name (First, Middle Name , Last) | | Rank | EMPLID | POA Expiration Date: | |
| State of Legal Residence: | Will this Power of Attorney be used in Louisiana, or Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Complete Address of person receiving | | Name of Person Receiving POA (Your Agent) | | | |
| TYPE OF POWER OF ATTORNEY (check one): | | | | | |
| 1. <input type="checkbox"/> Special Power of Attorney: | | SPECIFY | | | |
| 2. <input type="checkbox"/> Household goods/personal property: | | <input type="checkbox"/> Ship | <input type="checkbox"/> Receive | | |
| a. Specify where property is being shipped: | | | | | |
| b. Specify where property is to be received: | | | | | |
| b. | | | | | |
| 3. <input type="checkbox"/> Claims/Financial Transactions: | | <input type="checkbox"/> Cash checks, etc. (Check with your bank) | <input type="checkbox"/> File claims/rec. pmts. | | |
| a. Bank Name & Address: | | | | | |
| b. Bank Account Numbers: | | | | | |
| Savings Acct: | | | | | |
| Checking Acct: | | | | | |
| 4. <input type="checkbox"/> Gov't quarters: | <input type="checkbox"/> Sign for | <input type="checkbox"/> Clear | LOCATION OF QUARTERS | | |
| 5. <input type="checkbox"/> Sell Real Property: | LOCATION OF PROPERTY | | PLEASE ENTER THE EXACT LEGAL DESCRIPTION OF THE PROPERTY, AS DESCRIBED IN THE DEED. | | |
| <input type="checkbox"/> Purchase Real Property: | | | | | |
| 6. <input type="checkbox"/> Vehicles: | <input type="checkbox"/> Possess, use, register, insurance etc. | <input type="checkbox"/> Sell | <input type="checkbox"/> Buy | <input type="checkbox"/> Ship | <input type="checkbox"/> Receive |
| | YEAR/MAKE/MODEL | | VEHICLE IDENTIFICATION NUMBER | | |
| 7. <input type="checkbox"/> Child care: | <input type="checkbox"/> Medical only | <input type="checkbox"/> Guardianship | CHILDRENS' NAMES and DOB | | |
| | | | 1. 2. 3. 4.. | | |
| 8. <input type="checkbox"/> Military Affairs: | LOCATION OF OLD QUARTERS | | LOCATION OF NEW QUARTERS | | |
| 9. <input type="checkbox"/> General Power of Attorney: | | | | | |
| SIGNATURE (Application Must Be Signed) | | | | | |