

Power of Attorney

1. CLAIMANT INFORMATION

*Last name or company legal name	*Your first name/middle initial	*SSN or EIN
*Spouse's last name	*Spouse's first name/middle initial	*Spouse's SSN
*Address	Daytime telephone number	
*City, State, Zip	E-mail address	

2. REPRESENTATIVE(S) - For multiple representatives, attach additional sheets.

*Name	PTIN, EIN or SSN
*Firm or company's legal name	Telephone number
*Address	Fax number
*City, State, Zip	E-mail address

3. MATTERS APPROVED FOR REPRESENTATION*

The above representative is hereby appointed as attorney-in-fact to represent the claimant(s) for the following unclaimed property matter(s) involving the Idaho State Treasurer. You must identify the matter type(s).

All Unclaimed Property Matters

Tangible Property Matters

Intangible Property Matters

4. ACTIONS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential unclaimed property information and records, as well as perform any and all actions that the claimant(s) named above can perform with respect to the specified unclaimed property matters listed. The authority **doesn't** include the power to receive unclaimed property.

Added or deleted actions - List any specific additions or deletions to the actions otherwise authorized in this Power of Attorney:

5. REVOCATION/EXPIRATION

The filing of this Power of Attorney (POA) automatically revokes all prior POAs on file with the Idaho State Treasurer for the same matters authorized in this document.

Check here if you **don't** want to revoke prior POA(s):

Expiration date (optional): _____

6. SIGNATURE OF CLAIMANT(S)

All parties identified in Section 1 **MUST** sign.

If signed by a corporate officer, partner, LLC member, guardian, executor, receiver, administrator, or trustee on behalf of the claimant; I certify that I have the authority to execute this form.

*Name	Title (If applicable)	Date
*Name	Title (If applicable)	Date

* **Required Information.**

This form is valid only if all information is complete. An incomplete form will be returned to you.

**POWER OF ATTORNEY
GENERAL INFORMATION**

PURPOSE OF FORM

A Power of Attorney (POA) is a legal document authorizing someone to act as your representative. You, the party entitled to claim property held by the State of Idaho, must complete, sign, and return this form if you wish to grant power of attorney to an accountant, attorney, family member or anyone else to act on your behalf with the Idaho State Treasurer. This form can be used for any matter affecting a property held by the Idaho State Treasurer, including property transferred to the Idaho State Treasurer by a private person or entity. It doesn't apply to property held by other state or federal agencies. This form is effective on the date signed and will remain in effect until the expiration date, if specifically designated, or until you revoke it, whichever is earlier.

SUBMITTING A POA

You can appoint, change, or add representative(s) at any time by submitting a POA. If you previously filed a POA with the Idaho State Treasurer, submitting another POA with the same matters identified will automatically replace and revoke all previous POAs on file. If you want to add a representative, but not replace or revoke the previous POA(s), check the box in Section 5 and attach a copy of all POAs that are to remain in effect.

REVOKING OR WITHDRAWING A POA

You may revoke a POA or the representative may withdraw at any time by submitting a copy of the previously executed POA with "REVOKE" written across the top of the form with your signature and date. You can also submit a written statement specifying your intention to revoke a POA or withdraw as the representative. You must sign and date the statement and include the name, address, and SSN/EIN of the taxpayer and the name and address of the representatives whose authority is being revoked or withdrawn.

EXPIRATION

A Idaho State Treasurer POA is valid until:

- It expires on a date designated on the POA. (See Section 5).
- It is revoked by the claimant or withdrawn by the representative.
- The claimant becomes incapacitated and unable to make his own decisions.
- The claimant's death.
- If the claimant is a corporation, partnership, LLC or other legal entity, the dissolution or other legal termination of the entity.

WHO MUST SIGN

- *Individuals:* The parties identified in Section 1 must sign.
- *Corporation or Association:* An officer having authority to bind the corporation or association must sign.
- *Partnership or LLC:* A partner or member who is authorized to act in the name of the partnership or LLC must sign.
- *Estate, Trust, or Fiduciary:* The personal representative, trustee or other fiduciary must sign.

FILING THIS FORM

If you are working with a specific employee of the Idaho State Treasurer, mail or fax the completed POA to that employee.

Otherwise, mail or fax the completed form to:

Idaho State Treasurer	Telephone:	(208) 332-2942
Unclaimed Property	Toll Free:	(877) 388-2942
P.O. Box 83720	Web site:	sto.idaho.gov
Boise, Idaho 83720-9101		
Fax: (208) 332-2970		