

Limited Power of Attorney

1. A valid Power of Attorney must be filed with the Department of Revenue before the department can discuss any Permanent Fund Dividend matters with anyone other than the applicant or another adult who filed in the applicant's household packet.
2. The powers granted by you to the person you appoint in this document are limited. They allow another person to represent you before the Department of Revenue in matters which affect your Permanent Fund Dividend. Like any other power of attorney, this document should be used only after careful consideration. If you have any questions about this document, you should seek legal advice.
3. The person(s) you appoint will have only those powers indicated by your initials on the back side of this form.
4. At any time you may revoke any or all of the powers granted in this Power of Attorney by submitting a written notice of revocation to the Permanent Fund Dividend Division or completing a subsequent power of attorney.
5. If you (the person granting Power of Attorney to someone else) are unable to sign, give the reason below and attach proof that shows why you are unable to sign.

I hereby grant my power of attorney to the following persons.

First Name	M.I.	Last Name	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach page for additional persons)

I grant my power of attorney to these persons to act as indicated by my initials on the back side of this form with respect to Permanent Fund Dividend matter(s) for the following dividend year(s) _____, to the full extent that I am permitted by law to act through as an agent.

Applicant's Signature	Date
<input type="text"/>	<input type="text"/>

Applicant's First Name	M.I.	Last Name	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete the back side of this form

Alaska Department of Revenue
Permanent Fund Dividend Division

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Initial as appropriate Powers granted under this Power of Attorney

_____ All of the powers listed below.

_____ To file an application for a Permanent Fund Dividend on my behalf or on behalf of my child.

_____ To make changes of address to my or my child's Permanent Fund Dividend records.

_____ To receive information regarding the status of my or my child's application.

_____ To receive service of notices, orders or motions.

_____ To present arguments and evidence to representatives of the Department of Revenue in the appeal process.

_____ To execute agreements on the collection of overpayments of my or my child's Permanent Fund Dividend(s).

_____ All other matters with regard to my or my child's Permanent Fund Dividend application(s), including those listed below.

State of _____

_____, being by me duly sworn, personally appeared before me
Applicant's Name
and signed this Power of Attorney.

Applicant's Signature

Subscribed and sworn to before me by _____ this _____
day of _____, 20____. *Applicant's Name* *Day*
Month

Notary Seal

Notary Public

My commission expires: _____

Complete the front side of this form