



# Gila River Indian Community Power of Attorney for Per Capita Distribution

*Directions: Upon completion of this form, file the original document at the Per Capita Office.*

I, \_\_\_\_\_ [insert name] the Principal, hereby appoint,  
\_\_\_\_\_  
\_\_\_\_\_ [insert name] as my Agent to act for me in any lawful way with respect to the distribution of my per capita payment (hereinafter “Per Capita Distribution”), under the following terms and conditions.

### **Terms and Conditions:**

I enter this agreement voluntarily and recognize that it is my duty alone to monitor the actions of my Agent under this agreement. I recognize that this power of attorney is a legal document by which either me or my Agent may be bound.

To be effective, this power of attorney **must be submitted to our office 45 days prior** to the scheduled Per Capita Distribution payment. This power of attorney is only valid for one year from the date of execution. The date of execution is the date of notarized signatures.

This power of attorney may be revoked by me at any time. Such revocation shall be in writing and signed by me and copies provided to all parties who have a copy of this power of attorney. Should I become disabled or incapacitated, this agreement may be revoked by Order of the Courts of the Gila River Indian Community.

Third parties may rely upon the representations of my agent as to all matters relating to the powers granted to my Agent under this power of attorney. No person who acts in reliance on the representations of my Agent or the authority granted under this power of attorney shall incur any liability to me for permitting my Agent to exercise any power prior to actual knowledge that the power of attorney has been revoked or terminated by operation of law. **My Agent's powers shall include and are limited to the following powers initialed below:**

\_\_\_\_\_ My Agent may fill out a Per Capita Application on my behalf, including obtaining and completing the necessary supporting documents.

\_\_\_\_\_ My Agent may receive my Per Capita Distribution on my behalf, in the form of a check, check card or direct deposit.

\_\_\_\_\_ My Agent may use my Per Capita Distribution to make payments that are necessary or appropriate in connection with the administration of my affairs.

\_\_\_\_\_ My Agent may conduct business with financial institutions in connection with my Per Capita Distribution under my direction, including: opening accounts in my name, endorsing all checks in connection with my Per Capita Distribution and collecting the proceeds, and withdrawing funds from accounts in my name.

**Principal (Person Giving Power of Attorney):**

By signing this document, I am agreeing to be bound by the terms and conditions contained herein and acknowledged by initial(s) above, and hereby release the Gila River Indian Community from any liability that could result from permitting my Agent to exercise authority under this power of attorney. I also recognize that I have the right to consult an attorney before signing this form to have this form explained to me.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*\*Sign and date on same day as Notary Public*

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

GRID #: \_\_\_\_\_

\_\_\_\_\_

**Agent (Person acting on behalf of Principal):**

By signing this document as an agent or accepting/acting under this appointment, I acknowledge and accept the fiduciary and other legal responsibilities and liabilities as an agent. I also recognize that I have the right to consult an attorney before signing this form to have this form explained to me. By signing this document, I am agreeing to be bound by the terms and conditions contained herein.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Notary Public (For Principal identity verification):** *All blanks must be filled by Notary public*

State of: \_\_\_\_\_ )

)

County of: \_\_\_\_\_ )

)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, [Principal] \_\_\_\_\_

personally appeared before me, whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above power of attorney as the Principal.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
My Commission Expires: