

# Power of Attorney for Digital Assets

## 1. DESIGNATION OF AGENT

I, \_\_\_\_\_ (principal) name the following person as my agent:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my agent above is unable or unwilling to act on my behalf, I name the following as my agent:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. GRANT OF GENERAL AUTHORITY

I, \_\_\_\_\_, do hereby grant my agent, \_\_\_\_\_, full power of attorney to access, manage, and control all of my digital devices and online accounts, including but not limited to my accounts related to art, music, social media, YouTube, and any other websites. This power of attorney includes the ability to close, change, transfer, or take any other action with respect to these accounts, as well as the ability to change the bank accounts associated with any royalties or other income derived from these accounts.

Furthermore, I authorize my agent to access, use, and control my digital devices, including personal computers, servers, peripherals, networking devices, video recorders, webcams, digital cameras, mobile phone, hard drives, online and offline storage devices, audio recorders, accessories, and more. They can access, modify, delete, control and transfer digital assets including computer files, data, software, email, email accounts, cryptocurrency, phone accounts and records, text messages, digital music, audio and video, photographs, images, graphics, animations, metadata, presentations, software licenses, social media accounts, file sharing accounts, financial accounts, reward accounts, benefit accounts, receipts, warranties, guarantees, business accounts and records, legal records, insurance accounts, tax accounts and records, website and domain registrations, DNS and VPN service accounts, website hosts, blog hosts, online shopping accounts, services and bill payment, subscription accounts, intellectual property, and more that currently exist or may exist as technology develops.

In addition, I authorize my agent to access my personal files such as medical records, credit reports, correspondence, files, writings, personal photos, video or audio, employment records and resumes, credit card information and PIN numbers, passwords, usernames, client records, political sites, hobby and gaming apps and websites, and more. They can view and use all of these things without restriction as long as they are acting in my best interest and protected from unauthorized use.

This power of attorney is effective immediately and shall remain in effect until revoked by me in writing. My agent shall have the power to act on my behalf in all matters related to my digital devices and online accounts and shall be held harmless from any unauthorized use or access.

**4. EFFECTIVE DATE**

This power of attorney shall come into effect upon my incapacitation or death.

**5. RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent(s), may rely upon the validity of this power of attorney, or a paper or electronic copy of it, unless that person knows it has been terminated or is invalid. Principal, as account holder, expressly authorizes any service provider roving service related to an account owned and / or used by the principal, to disclose any private information needed to agent listed herein while acting on behalf the principal or account holder.

**6. COMPLIANCE WITH STATE AND FEDERAL LAWS AND LICENSING AGREEMENTS**

Principal shall provide agent with a copy of any relevant state and federal laws and the Uniform Fiduciary Access to Digital Assets Act (UFADAA). Agent agrees to read and comply with relevant state and federal laws, and any license agreements, terms of use, or terms of service, which are subject to change.

**7. SIGNATURE AND ACKNOWLEDGEMENT**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Principal

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
City / State

**8. NOTARY PUBLIC**

Acknowledged and sworn before me by \_\_\_\_\_ (signer / principal)  
and \_\_\_\_\_ (witness) on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Printed Notary Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

stamp