

## Instructions for FSA-211

### **POWER OF ATTORNEY**

The FSA-211, Power of Attorney, is used to appoint someone to act on behalf of another as attorney-in-fact.? This document gives another person legal authority to act on your behalf.? The person receiving the power to act on your behalf may enter into binding agreements and may create liability for you.? The attorney-in-fact's power and responsibilities depend on the specific powers granted in this document.

This form is valid only for certain programs and actions offered by the Commodity Credit Corporation (CCC), Farm Service Agency (FSA), Natural Resources Conservation Service (NRCS), the Federal Crop Insurance Corporation (FCIC) the Risk Management Agency.

Grantors must have their signature witnessed by a FSA employee or notarized by a Notary Public.? The completed original form must be submitted in hard copy to the appropriate FSA Service Center.

The original form must be submitted.? FSA-211's received through telefacsimile machines will not be accepted.

***The Grantor?s signature must be witnessed by a FSA employee in Item 9 or acknowledged by a Notary Public in Item 8.***

*Items 8(a) through 8(c) are for use by Notary Public only.*

*Items 9A through 9C and 10(a) through 10(e) are for FSA use only.*

| <b>Item No./ Letter</b>                             | <b>Instruction</b>   |
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| (1)<br>Person<br>Granted<br>Authority               | Enter the name of the person being granted the authority to act on producer?s behalf.                |
| (2)<br>Address of<br>Person<br>Granted<br>Authority | Enter the address of the person being granted the authority to act on producer?s behalf.             |
| (3)<br>County of<br>Residence<br>of Person          | Enter the county of residence of the person being granted the authority to act on producer?s behalf. |

| Item No./ Letter   | Instruction   |
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| Granted Authority  |   |
| (4)<br>State of Residence Of Person Granted Authority          | Enter the State of residence of the person being granted the authority to act on producer's behalf.   |
| (5)<br>Producer or Grantor's Name                              | Enter producer's name (Grantor).<br><br>If the grantor of the authority is an entity such as a corporation or a partnership enter the name of the entity.   |
| A 1 through A 17<br>FSA, NRCS and CCC Programs ?               | Enter a checkmark to indicate the applicable program(s) for which the appointed person will act on producer's behalf. Enter a checkmark in Item A2 if you want the appointed person to act on producer's behalf for <b>ALL</b> current and <b>ALL</b> future FSA, NRCS and CCC programs. Specific FSA, NRCS and CCC programs not listed may be entered in Item A13.<br><br><b>Note:</b> Grantor must select <b>both</b> applicable programs in this section <b>and</b> related transactions in Section B. |
| B 1 through B 7<br>Transactions for FSA, NRCS and CCC Programs | Enter a checkmark for the applicable FSA, NRCS and CCC action(s) for which the appointed person will act on producer's behalf. If you want the appointed person to act on producer's behalf for <b>ALL</b> actions, enter a checkmark in Item B1. Specific actions not listed may be entered in Item B7.<br><br><b>Note:</b> Grantor must select <b>both</b> applicable transaction(s) in this section <b>and</b> related program(s) in Section A.  |
| 1C through 4C<br>FCIC Crops                                    | Enter the applicable FCIC crop(s), state and county for which the appointed person will act on producer's behalf. If you want the appointed person to act on producer's behalf for <b>ALL</b> FCIC crops, enter "ALL" in Item C1.   |
| 1D through 7D<br>Transaction Numbers Used by FCIC              | Enter a checkmark in the applicable FCIC action(s) for which producer's want the appointed person to act on their behalf. If you want the appointed person to act on producer's behalf for <b>ALL</b> FCIC actions, enter a checkmark in Item D1. Specific actions not listed may be entered in Item D6 ( <i>Specify</i> ).   |

### Authorized Signatures

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|---|--|
| <p>6A ? 6C<br/>Authorized<br/>Signatures</p>                                    | <p>If the grantor is an individual, the person granting the authority must sign in Item 6A, and enter effective date (MM-DD-YYYY) in Item 6B.?</p> <p>If the grantor is an entity such as a general partnership, trust, joint venture, or other similar entity, and there is no individual already authorized to act for the entity, <b>all</b> members of the entity must sign FSA-211.</p> <p>If the grantor is a corporation and their corporate documents do not provide for redelegation of authority, <b>all</b> officers or members of the entity <b>must</b> sign FSA-211.</p> <p>If there are more than 2 member/officer signatures required:</p> <ul style="list-style-type: none"> <li>• Check? box in Item 6C</li> <li>• Attach completed FSA-211A to complete FSA-211.</li> </ul> <p><b>Note: See Item 7 if the grantor is an entity, and there is an individual already authorized to act for the entity.? Your signature must be witnessed by a FSA employee or acknowledged by a notary public.? Signatures not witnessed by a FSA employee or acknowledged by a valid Notary Public will not be accepted.</b></p> |
| <p>7A ? 7C<br/>Grantor?s<br/>Signature,<br/>Title, and<br/>Date</p>             | <p>If the grantor is an entity, such as a corporation or partnership, the person or persons granting authority must sign in Item 7A, enter the title/relationship of the individual signing in the representative capacity in Item 7B, and enter signature date (MM-DD-YYYY) in Item 7C..</p> <p><b>Note: The signature must be witnessed by a FSA employee or acknowledged by a notary public.? Signatures not witnessed by a FSA employee or acknowledged by a valid Notary Public will not be accepted.? All FSA-211?s prepared and/or presented by/to NRCS MUST be notarized.</b></p>  |
| <p>8<br/>Notary<br/>Public?s<br/>Signature,<br/>State of, and<br/>County of</p> | <p>Items 8(a) through 8(c).? The Notary Public shall enter his/her signature when witnessing the signature of the Grantor unless the signature is witnessed by a FSA employee or a corporate seal of grantor is affixed.? If the Notary Public does witness the grantor?s signature, enter the State of in Item 8(b), and County of in Item 8(c).</p> <p><b>All FSA-211?s prepared and/or presented by/to NRCS MUST be notarized.</b></p>  |

*Items 9 and 10 are for FSA use only.*

## Instructions for FSA-211A

### ***POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET***

Grantors use FSA-211A, Power of Attorney Signature Continuation Sheet, when the grantor is an entity, such as a general partnership, joint operation, corporation, limited liability company, or other similar entity which require more than one member's signature to appoint an attorney-in-fact to act on behalf of the entity.

Grantors must have their signature witnessed by a FSA employee or notarized by a Notary Public. The completed original form must be attached to associated FSA-211, and submitted in hard copy to the appropriate FSA Service Center.

The original form must be submitted. FSA-211A's received through telefacsimile machines will not be accepted.

***The Grantor's signature (Items 3A, 4A, 5A, 6A, and 7A) must be witnessed by a FSA employee or acknowledged by a Notary Public.***

***Items other than 3A, 4A, 5A, 6A, and 7A are for FSA and Notary Public use only.***

| <b>Item No./<br/>Section</b> | <b>Instruction</b>   |
|------------------------------|--|
| 1<br>Attorney-in-Fact        | Enter the name of the attorney-in-fact from Item 1, FSA-211. |
| 2<br>Name of Grantor         | Enter the name of the entity from Item 5, FSA-211.           |

#### **Authorized Signatures**

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| 3A & 3B<br>Authorized Signature and Date | <p>Each applicable producer or grantor must sign in Item 3A, and enter signature date (<i>MM-DD-YYYY</i>) in Item 3B.</p> <p><b>NOTE:</b> Use the instructions above for Items 4A and 4B; Items 5A and 5B; 6A and 6B, and 7A and 7B respectively.</p> <p><b>The Grantor's signature must be witnessed by a FSA employee or acknowledged by a Notary Public.</b></p> |
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**Items 3C through 3E are For FSA use only.**

**NOTE:** Use the instructions above for Items 4C through 4E; Items 5C through 5E; 6C through 6E; and 7C through 7E respectively.

| <b>Item No./<br/>Section</b>                                      | <b>Instruction</b>   |
|---|--|
| 3F<br>Notary Public?<br>s Signature,<br>State of and<br>County of | Each Notary Public enters their signature, State of, and County of.<br><br><b>NOTE: Use the instructions above for Items 4F, 5F, 6F, and 7F respectively.</b><br><br><b>All FSA-211s prepared and/or presented by/to NRCS MUST be notarized.</b> |