# Proxy Designation Form

BE IT ACKNOWLEDGED that I, [CLAIMANT NAME], as the incarcerated or otherwise limited by law from accessing the Internet, do hereby designate with a limited and specific power of attorney to [PROXY NAME], of [PROXY EMAIL ADDRESS], as my wellness effort “Proxy”.

**Powers**. Said Proxy shall have full power and authority to undertake and perform only the following acts on my behalf:

To lead the wellness effort to pursue my goal for exoneration from a wrongful conviction, whether a constrained wellness initiative or full wellness campaign, demonstrating my best interests.

To do their best to keep me regularly informed of the activities and results of said wellness effort.

To faithfully convey my concerns or objections to an action of the wellness effort that I deem as not being performed in good faith.

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Proxy agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests. This Proxy Designation is effective upon execution.

**Revocation**. This Proxy Designation shall automatically revoke upon my death or incapacitation, and shall revoke upon any of the following circumstances: (initial and check all that apply)

[INITIALS] [ ]  - When the act(s) designated above have been completed.

[INITIALS] [ ]  - On [MM/DD/YYYY] (mm/dd/yyyy).

[INITIALS] [ ]  - Other: [OTHER].

**Claimant’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Signing Date: [MM/DD/YYYY]

## REVOCATION SLIP

I, [CLAIMANT NAME], do hereby revoke my permission to have [PROXY NAME] to continue serving as my proxy, for the selected reason below:

* I seek to replace with another proxy and I will need another copy of a Proxy Designation Form.
* I can now represent myself, with full access to the Internet.
* I wish to end this wellness effort.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this revocation slip to Anankelogy Foundation, 126 E Kilgore Road Ste 400, #469, Portage, MI 49002

Or email its words to engage@anankelogyfoundation.org. It goes into effect upon receipt at the Foundation.