

**LIMITED POWER OF ATTORNEY**

This Limited Power of Attorney is made on this \_\_\_\_\_ day of \_\_\_\_\_, 2025, by \_\_\_\_\_, residing at \_\_\_\_\_ (the "Principal").

**I. Appointment of Agent(s):**

I, \_\_\_\_\_, hereby appoint RPI Missions Agents, **Karina Nyhuis and/or Leslie Wood** (collectively referred to as "Agents") as my true and lawful Agents to act on my behalf, either jointly or individually, in matters specified below.

**II. Authority Granted:**

The Agents are hereby authorized to act on my behalf exclusively for the following purposes:

- 1. To represent me in all dealings with Zurich Insurance regarding Trip Insurance Policy #\_\_\_\_\_.
- 2. To handle, negotiate, and resolve all claims, correspondence, or issues related to the above-referenced policy.
- 3. To collect any compensation, reimbursements, or payouts related to this policy.

**III. Reporting of Compensation:**

All compensation or proceeds received under this authority shall be reported and directed to **RPI Missions**.

**IV. Limitation of Authority:**

This Power of Attorney does not authorize the Agents to:

- 4. Perform any actions outside the scope specified in Section II.
- 5. Make decisions unrelated to the Zurich Insurance Trip Policy #\_\_\_\_\_.

**V. Effective Date and Termination:**

This Limited Power of Attorney shall become effective immediately upon signing and shall remain in effect until the conclusion of all matters related to the above insurance policy or until revoked by the Principal in writing.

**VI. Revocation:**

I retain the right to revoke this Power of Attorney at any time in writing.

**VII. Governing Law:**

This Limited Power of Attorney shall be governed by and construed under the laws of the State of Michigan.

**VIII. Signatures:**

**Principal:**

I, \_\_\_\_\_, affirm that I am of sound mind and am executing this document willingly.

\_\_\_\_\_  
Print Name

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

**Agents Acknowledgment:**

We, Karina Nyhuis and/or Leslie Wood, acknowledge and accept our roles as Agents under this Limited Power of Attorney and agree to act in accordance with its terms.

\_\_\_\_\_  
Karina Nyhuis

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

\_\_\_\_\_  
Leslie Wood

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

**Witnesses:**

We, the undersigned witnesses, affirm that the Principal signed this document in our presence and appeared to be of sound mind and acting willingly.

Witness 1:

Witness 2:

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

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

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

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

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

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