

‘A‘ALI‘I
LIMITED POWER OF ATTORNEY

This LIMITED POWER OF ATTORNEY is granted and effective as of this _____ day of _____, 20____, by _____, whose address is _____ ("Purchaser").

I/We hereby appoint _____, whose address is _____, to be my/our attorney-in-fact in accordance with the laws governing Powers of Attorney in the State of Hawaii, City and County of Honolulu, and to act on my/our behalf as my attorney-in-fact for the purchase of a condominium unit(s) ("**Unit**") at the ‘A‘ali‘i condominium project ("**Project**") located in Honolulu, Hawaii, and to receive documents regarding said Unit and/or the Project. This Limited Power of Attorney is subject to the following conditions and restrictions:

This Limited Power of Attorney shall be used solely for the purpose of purchasing a condominium unit or units at the Project and receiving documents pertaining to said Unit and/or the Project, which may specifically require the following necessary or desirable actions: the selection of a Unit; the negotiation of the purchase price for the Unit; the receipt of the Public Report, Notice of Right to Cancel, and the Project Documents, all as defined in the Purchase Agreement & Deposit Receipt, and any amendments thereto; the execution and delivery to AALII, LLC, its agents, successors and assigns ("**Seller**") of a completed Purchase Agreement & Deposit Receipt for the Unit, any reservation agreements, report, receipts, certificates, consents, disclosures, notices, waivers, disclosures and acknowledgments, and any addenda or amendments thereto, necessary or desirable to purchase such Unit.

This Limited Power of Attorney, as executed by me/us, shall be conclusive evidence to any third party, including Seller, any lender, and escrow, that my/our attorney-in-fact has the authority and power to take the actions described herein. My/Our attorney-in-fact may rely upon this Limited Power of Attorney in exercising such authority and power on my/our behalf and in my/our name(s) prior to the expiry time without further authorization or direction by me/us.

All decisions regarding the purchase of the Unit in the Project, acknowledgments, representations, warranties, consents, disclosures, waivers or covenants made by my/our attorney-in-fact on my behalf and all documents executed by my attorney-in-fact prior to the expiry time in accordance with this Limited Power of Attorney shall be conclusively deemed to be fully authorized and directed by me/us, and I/we acknowledge that any obligations created or acknowledgments, representations, warranties, consents, disclosures waivers or covenants made with respect to any decision made or any documents executed by my/our attorney-in-fact in my/our name(s) are my/our obligations as principal.

In consideration of my/our attorney-in-fact accepting this appointment, I/we agree to indemnify my/our attorney-in-fact from any loss, cost, and expense or damage suffered or incurred by my/our attorney-in-fact as a result of acting as my/our attorney-in-fact.

This Limited Power of Attorney shall expire at 11:59 p.m. on _____, 20____ (HST), or at such earlier date and time as I/we shall advise my/our attorney-in-fact by an acknowledged writing.

EXECUTED this _____ day of _____, 20____.

By: _____

Name: _____

Address: _____

By: _____

Name: _____

Address: _____

STATE OF _____

SS:

COUNTY OF _____

On this _____ day of _____, before me appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable, in the capacities shown, having been duly authorized to execute such instrument in such capacities.

Print Name: _____
Notary Public, in and for said State

My commission expires: _____

(Official Stamp or Seal)

STATE OF HAWAII
CITY AND COUNTY OF HONOLULU

SS:

On this _____ day of _____, 20____, before me appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable, in the capacity(ies) shown, having been duly authorized to execute such instrument in such capacity(ies).

Print Name: _____
Notary Public, in and for said State

My commission expires: _____

(Official Stamp or Seal)

NOTARY CERTIFICATION STATEMENT

Document Identification or Description: 'A'ali'i Limited Power Of Attorney

Document Date: _____ or Undated at time of notarization

No. of Pages: _____ Jurisdiction: _____ Circuit
(in which notarial act is performed)

Signature of Notary Date of Notarization and
Certification Statement

Printed Name of Notary

(Official Stamp or Seal)