

SPECIAL DURABLE POWER OF ATTORNEY



I. MEMBER/PRINCIPAL INFORMATION

When completing this form, please be sure to print the requested information. For the purpose of this form, a principal is defined as a person who empowers another to act as a representative on that person's behalf.

Name of Principal (First, Middle Initial, Last): _____ SSN: XXX-XX-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

By this document I intend to create a special durable power of attorney by appointing the person named below to make retirement-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits under the Sacramento County Employees' Retirement System, hereinafter SCERS.

II. DESIGNATION OF ATTORNEY-IN-FACT

You have the option of designating more than one attorney-in-fact. If you appoint more than one attorney-in-fact, and you want each attorney-in-fact to be able to act alone, check the appropriate box in this section. If you do not check a box, or if you check "jointly," then all of your attorneys-in-fact must act or sign together. Granting joint authority to two or more attorneys-in-fact is exercisable only by their unanimous action. If you choose to have your attorneys-in-fact act jointly, and one is unavailable because of absence, illness, or other temporary incapacity, the other attorney(s)-in-fact may exercise their authority under the power of attorney.

Name of Attorney-in-Fact (First, Middle Initial, Last): _____

Address: _____ DOB (MM-DD-YYYY): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Attorney-in-Fact (First, Middle Initial, Last): _____

Address: _____ DOB (MM-DD-YYYY): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Attorney-in-Fact (First, Middle Initial, Last): _____

Address: _____ DOB (MM-DD-YYYY): _____

City: _____ State: _____ Zip: _____ Phone: _____

SPECIAL DURABLE POWER OF ATTORNEY

Name of Principal: _____ SSN: XXX-XX-_____

I have designated more than one Attorney-in-Fact. They are to act (mark one box only):

- ☐ Jointly
- ☐ Separately
- ☐ Alternately, in the numerical order specified on page 1. If you mark "Alternately," you must number the Attorneys-in-Fact in the order in which they are to act.

III. GENERAL STATEMENT OF AUTHORITY GRANTED

I hereby grant my Attorney-in-Fact full authority to transact all matters on my behalf relating to SCERS, including, but not limited to, filing applications, making benefit elections, designating beneficiaries and endorsing warrants. I further give my Attorney-in-Fact full authority to perform every required act to be done to exercise any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my Attorney-in-Fact shall lawfully do or cause to be done. I understand that this authority is granted to the Attorney-in-Fact designated by me even if that person is related to me by blood, marriage, or legal domestic partnership. By signing this Special Power of Attorney form, I intend that:

- My Attorney-in-Fact ☐ **is** / ☐ **is not** authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
- My Attorney-in-Fact ☐ **is** / ☐ **is not** authorized to designate or change my beneficiary.
- My Attorney-in-Fact ☐ **is** / ☐ **is not** authorized to designate himself or herself as my beneficiary.
- I give the following instructions that limit or extend the powers granted to my Attorney-in-Fact:

IV. DURATION OF SPECIAL DURABLE POWER OF ATTORNEY

Please be careful in choosing when you want your power of attorney to commence or terminate. Check one box to indicate your choice. Unless you indicate otherwise, this power of attorney is effective immediately and will continue until it is revoked. My Attorney-in-Fact is hereby instructed to notify SCERS in writing of my disability, incapacity, or death immediately upon its occurrence.

☐ This special durable power of attorney is to commence immediately and to remain in effect for my lifetime or until I specifically cancel it.

☐ This special limited power of attorney is to commence on _____ and terminate on _____
Date (MM-DD-YYYY)

Date (MM-DD-YYYY) or Event

☐ This special contingent power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by _____
Name or Title of Person to Make the Determination

☐ This special general power of attorney is to terminate in its entirety if I become incapacitated.

SPECIAL DURABLE POWER OF ATTORNEY

Name of Principal: _____ SSN: XXX-XX-_____

V. NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

The authority granted by the SCERS Special Durable Power of Attorney form is limited to matters related to SCERS. The person designated as your Attorney-in-Fact does not have any authority over your other real or personal property. If you wish that your Attorney-in-Fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following (Warning) statement refers to more extensive authority than granted by the SCERS Special Durable Power of Attorney. This (Warning) statement is required by California Probate Code Section 4128 to be included in all pre-printed power of attorney forms even though the SCERS Special Durable Power of Attorney does not authorize your Attorney-in-Fact to do many of the things mentioned in the following (Warning) statement. If you are concerned with the (Warning) statement or the extent of the authority being granted by this form, we again urge you to consult with an attorney.

(Warning): Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions regarding the management of your property.
- You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may be easily recorded.
- You should read this durable power of attorney very carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

SPECIAL DURABLE POWER OF ATTORNEY

Name of Principal: _____ SSN: XXX-XX-_____

VI. NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT

(To be reviewed and signed by the Attorney-in-Fact.)

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney, you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest
- The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Print Name of Agent

Signature

Date

Print Name of Agent

Signature

Date

VII. PRINCIPAL'S ACKNOWLEDGMENT AND EXECUTION

(To be completed and signed by the Principal.)

I am of sound mind and either understand my elections or spoke with an attorney. I am executing this legal document under my own free will.

Print Name of Principal: _____ SSN: XXX-XX-_____

Signature of Principal: _____

City: _____ State: _____ Date Executed (MM-DD-YYYY): _____

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Name of Principal: _____ SSN: XXX-XX-_____

VIII. WITNESS INFORMATION

(To be completed and signed by two witnesses who are not named as Attorneys-in-Fact.)

I have witnessed the Principal's signature or the Principal's acknowledgment of the signature designating power of attorney. I attest to the Principal's knowledge that I am of sound mind. I am an adult at least 18 years old and not the Attorney-in-Fact. My signature certifies that the Principal is known to me, is the same person who signed and dated this instrument and that the Principal is of sound mind.

Print Name of Witness 1

Signature of Witness 1

Date

Witness 1 Address: _____

City: _____ State: _____ Zip: _____

Print Name of Witness 2

Signature of Witness 2

Date

Witness 2 Address: _____

City: _____ State: _____ Zip: _____

IX. NOTARY PUBLIC ACKNOWLEDGMENT

(To be completed by a notary public.)

This section does not need to be completed if you have completed Section VIII. SCERS images these documents. Please be advised embossed seals may not appear when this document is imaged. An inked stamp is preferred.

Notary

County of _____ on _____ before me, _____
Date (MM-DD-YYYY) *Printed Name of Notary Public*

personally appeared _____,
Printed Name of Principal

who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SPECIAL DURABLE POWER OF ATTORNEY

Name of Principal: _____ SSN: XXX-XX-_____

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(SEAL)

Notary Public: _____

My commission expires: _____

Return the completed form by mail or in person to SCERS, or contact SCERS to request a digital (DocuSign) version. SCERS will not accept this form by fax or email.