



Special Power of Attorney

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Section 1

Creation of Durable Power of Attorney for Retirement-Related Business

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 his or her behalf.

The "agent" is the attorney-in-fact.

Name of Principal (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Address		County	
City	State	ZIP	() Daytime Phone

By this document I intend to create a power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. The authority granted pursuant to this power of attorney is expressly limited to decisions relating to my financial and health benefits under the California Public Employees' Retirement System, the Judges' Retirement System I or the Judges' Retirement System II, and the Legislators' Retirement System, hereinafter CalPERS, JRS I, JRS II, and LRS, respectively. I give my agent, also called an attorney-in-fact, the powers specified herein with the understanding that these powers will be used for my benefit and will be exercised only in a fiduciary capacity. This power does not authorize the appointed agent to make any medical decisions for me.

Section 2

Designation of Attorney-in-Fact (Agent)

If you appoint more than one attorney-in-fact and do not check a box, all of your attorneys-in-fact must act or sign together (jointly).

You have the option to designate one attorney-in-fact.

If you appoint more than one attorney-in-fact, choose the jointly, separately, or alternately check box below:

- Jointly** – All designated attorneys-in-fact must sign for any action. Granting joint authority to two or more attorneys-in-fact means that the agents' authority is exercisable only by their unanimous action. If one is unavailable because of absence, illness, or other temporary incapacity, the other attorneys-in-fact may exercise their authority under the power of attorney.
- Separately** – Any one designated attorney-in-fact may act without the other(s).
- Alternately** – Your attorney-in-fact will act in the numerical order you assign in the boxes below.* The successor attorney-in-fact will act if the person you originally appointed is unavailable because of absence, illness, or other temporary incapacity. Delegation of powers to any third party who is not named as an alternate attorney-in-fact is not permitted under this document.

*If you choose "Alternately," identify the order of your attorneys-in-fact in the boxes below.

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
Address	Social Security Number or CalPERS ID	
City	State	ZIP () Daytime Phone

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
Address	Social Security Number or CalPERS ID	
City	State	ZIP () Daytime Phone

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
Address	Social Security Number or CalPERS ID	
City	State	ZIP () Daytime Phone

Section 3

You must check a box to indicate whether you are granting the specific authority to your attorney(s)-in-fact. If you do not check a box, your attorney(s)-in-fact will not be granted this specific authority.

See A Guide to the CalPERS Special Power of Attorney (PUB 30) for a detailed explanation of the authority you are granting.

General Statement of Authority Granted

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, JRS I, JRS II, or LRS. I understand that I am granting authority to the attorney-in-fact regardless of whether 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 retirement payment option available under the retirement plan other than the Unmodified Allowance.

Note: Allowing your attorney-in-fact to choose any retirement payment option available under the retirement plan other than the Unmodified Allowance may reduce the monthly allowance that would otherwise be paid to you during your 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 him or herself as my beneficiary.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

Two horizontal lines for special instructions.

Section 4

Please be careful in choosing when you want your power of attorney to commence and/or terminate.

Check one box to indicate your choice. Checking multiple boxes may invalidate this form.

The person that you authorize to make the determination of incapacity must be at least 18 years old at the time of designation. This person may be, but is not required to be, a licensed physician or attorney.

Duration of Power of Attorney

Unless I indicate otherwise, this power of attorney shall be considered effective immediately and will continue for the duration specified below or, if no duration is specified, until my death. My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurrence. I understand that I may revoke this power of attorney at any time by providing CalPERS with a written statement of my intent to do so.

- This durable power of attorney is to commence immediately and to remain in effect for my lifetime, even if I become incapacitated, or until I specifically revoke it.

- This limited power of attorney is to commence on _____ and terminate on _____

Date (mm/dd/yyyy) or Event

- This contingent/springing 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 for the purpose of this instrument shall be made in a written statement signed by

Name and Relationship or Title of Person Authorized to Make the Determination

- This general (non-durable) power of attorney is to terminate in its entirety if I become incapacitated. The determination that I am incapacitated and/or unable to handle my own affairs for the purpose of this instrument shall be made in a written statement signed by

Name and Relationship or Title of Person Authorized to Make the Determination

Section 5

Attorney(s)-in-fact may not conduct business by accessing your online myCalPERS account. All contact with CalPERS on your behalf must be made by telephone, by written correspondence, or by visiting a Regional Office.

The "agent" is the attorney-in-fact.

Warning Statements

The authority granted by the CalPERS *Special Power of Attorney* form is limited to matters relating to CalPERS, JRS I, JRS II, and LRS. The person designated as your attorney-in-fact does not have any authority over your other real and/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 Statements refers to more extensive authority than granted by the CalPERS *Special Power of Attorney* form. These Warning Statements are required by Probate Code section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS *Special Power of Attorney* form does not authorize your attorney-in-fact to do many of the things mentioned in the Warning Statements. If you are concerned with the Warning Statements or the extent of the authority being granted by the CalPERS *Special Power of Attorney* form, we again recommend that you seek legal counsel.

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

A durable power of attorney is an important legal document. By signing a 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 state 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 power of attorney at any time as 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 principal's signing of the power of attorney or (2) the principal's acknowledgement 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 can easily be recorded.
- You should read this durable power of attorney 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. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

Section 5, continued

Warning Statements, Continued

(Warning): Notice to Person Accepting the Appointment as 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 authorized you to transfer property to yourself or accept a gift of the principal's property.

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. Lastly, the principal's benefit shall not be subject to execution, process, or assignment under California Public Employees' Retirement Law section 21255.

Signature of the agent (attorney-in-fact) is optional.

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent Date (mm/dd/yyyy)

Section 6

Principal's Acknowledgement and Execution

To be completed and signed by the principal.

I am of sound mind and have consulted with an attorney or otherwise understand my elections. I am executing this legal document under my own free will. I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation.

Date Executed (mm/dd/yyyy) City State

Signature of Principal County

Print Name of Principal (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member Social Security Number or CalPERS ID

Section 7

Must be completed by two individuals who are at least 18 years of age and are not named as attorney-in-fact or successor attorney-in-fact.

Alternately, Section 8 below must be completed by a notary public.

Witness Information

I have witnessed the principal's signature or the principal's acknowledgment of his or her signature designating power of attorney. I am of sound mind, I am an adult at least 18 years old, and I am not the attorney-in-fact or successor attorney-in-fact. My signature certifies that the principal is known to me and is the same person who signed and dated this Special Power of Attorney form.

Signature of Witness 1 Print Name of Witness 1 (First Name, Middle Initial, Last Name)

Address Date (mm/dd/yyyy)

City State ZIP

Signature of Witness 2 Print Name of Witness 2 (First Name, Middle Initial, Last Name)

Address Date (mm/dd/yyyy)

City State ZIP

Section 8

Must be completed by a notary public if Section 7 is not completed.

CalPERS images these documents. Please be advised embossed seals may not appear when this document is reviewed. An inked stamp is preferred.

Notary Public Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Notary

State County

On before me, personally appeared Date (mm/dd/yyyy) Printed Name of Notary Public

Name of Principal, who proved to me on the basis of satisfactory evidence

to be the person(s) whose name(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. 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.

Signature of Notary Public Notary Seal

Print Name

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).