



POWER OF ATTORNEY INSTRUCTIONS

PLEASE READ CAREFULLY BEFORE YOU SUBMIT YOUR POWER OF ATTORNEY, AS ADDITIONAL DOCUMENTATION IS REQUIRED FOR PROCESSING

The SFERS Special Durable Power of Attorney is a special power of attorney because it only authorizes your attorney-in-fact to handle your SFERS retirement affairs. Having a SFERS Special Durable Power of Attorney on file with us ensures that your designated attorney-in-fact will be able to perform important duties concerning your SFERS business, such as address changes, federal or state tax withholding changes, replacement of lost or stolen retirement checks, changes to beneficiary designations, or retirement benefit elections should you become unable to act on your own behalf.

While we prefer that SFERS members use the SFERS Special Durable Power of Attorney form, SFERS will also accept other power of attorney forms that grant the attorney-in-fact authority to conduct business with us.

In addition to the complete and fully executed Power of Attorney, the following documentation must also be submitted in order for SFERS to review and accept your Power of Attorney:

1. A photocopy of the Attorney-in-Fact's valid photo ID (driver's license, state issued ID or passport).
2. A statement, signed by the Attorney-in-Fact, declaring where the member is currently residing. If the member resides in an assisted-living or other facility, please submit verification from the facility (a copy of the bill or a letter from the facility).
3. If this Power of Attorney becomes effective only at the time of incapacity, SFERS requires that you send written declarations from two (2) physicians to show incapacity.
4. If the Power of Attorney that is submitted was executed more than 18 months prior to submission to SFERS, the Attorney-in-Fact must complete and sign the "Declaration of Attorney-In-Fact". This document must be notarized or witnessed by a SFERS staff person to be accepted. The form is available on our website.



San Francisco Employees' Retirement System
 1145 Market Street 5th Floor, San Francisco, CA 94103
 Telephone (415) 487-7000, 8 a.m. – 5 p.m. Monday-Friday

Special Durable Power of Attorney

SFERS Special Durable Power of Attorney

For

Retirement-Related Matters

By completing this document, you are appointing an Attorney-In-Fact to transact retirement matters relating to the San Francisco Employees Retirement System ("SFERS"), but not, however, matters relating to the City Deferred Compensation Plan or the Health Services System. It authorizes your appointed Attorney-In-Fact to handle retirement affairs such as filing applications, making benefit elections, designating beneficiaries, and endorsing warrants. The power of attorney created by

this document is *durable*, which means that it continues after you become incapacitated or are otherwise unable to handle your own affairs. The power of attorney created by this document is *special* which means that it is expressly limited to decisions relating to your benefits as a SFERS member.

Do not complete this form if you want this power of attorney to terminate when you become incapacitated.

Section 1.

Creation of Durable Power of Attorney for Retirement-Related Matters

When completing this form, please **print** the requested information.

Name of SFERS Member (First Name, Middle Initial, Last Name)			Social Security Number
Address			County
City	State	Zip	() Daytime Phone

By this document, I intend to create a Special Durable Power of Attorney by appointing the person(s) 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 as a member of the San Francisco Employees' Retirement System.

Section 2a.

Designation of Attorney-In-Fact

If you appointed more than one attorney-in-fact, and you want each to be able to act alone, check "Separately."

If you do not check a box, or if you check "Jointly," then all of your attorneys-in-fact must act unanimously and sign together.

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 in his/her absence.

Name of Attorney-In-Fact			Relationship to Member
Address			County
City	State	Zip	() Daytime Phone
Name of Attorney-In-Fact			Relationship to Member
Address			County
City	State	Zip	() Daytime Phone

I have designated more than one attorney-in-fact. They are to act:

- Jointly** **Separately**

Section 2b.

Designation of Successor Attorney-In-Fact

SFERS does not require that its members nominate a successor attorney-and-fact. The authority of a successor attorney-and-fact would take effect in the event the original attorney-in-fact becomes unable or unwilling to carry out his/her duties.

Name of Successor Attorney-In-Fact	Relationship to Member		
Address	County		
City	State	Zip	() Daytime Phone

Section 3.

Statement of Authority Granted

Part I

General Powers

I hereby grant to my Attorney-In-Fact full power and authority to transact all matters on my behalf relating to SFERS, and to perform every act necessary in the exercise of any of the foregoing powers as fully as I could if I were personally present. I hereby ratify and confirm all that my said attorney shall lawfully do or cause to be done. I understand that I am granting this authority to my Attorney-In-Fact even if that person is related to me by blood, marriage, or legal domestic partnership.

_____ (please initial)

Part II

Special Powers

Please check the appropriate box.

SFERS requires that all members indicate specifically which Special Powers they wish to grant to the attorney-in-fact being appointed by this power of attorney.

- 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. If yes, then,
- 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 regarding the powers granted to your attorney(s)-in-fact.

Signature of SFERS Member	Print Name

Section 4.

Duration of Power of Attorney

Please be careful in choosing when you want your power of attorney to commence.

Unless you direct otherwise, this power of attorney is effective immediately and will continue until it is revoked.

My attorney-in-fact is hereby instructed to notify SFERS in writing of my disability, incapacity, or death immediately upon its occurrence. This power of attorney shall not be affected by my subsequent disability or incapacity (unless I so indicate below), however, it will terminate upon my death.

This durable power of attorney is to commence on _____ and remain in effect for my lifetime or until I specifically cancel it.
Date (mm/dd/yyyy)

This special Limited power of attorney is to commence on _____ and terminate on _____
Date (mm/dd/yyyy)

This 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 shall be made by my medically-certified primary doctor or attending physician.

NAME: _____

SSN: _____

Section 7a.

Witness Information

I have witnessed the SFERS Member's signature, or the SFERS Member's acknowledgment of the signature, in Section 6, above. I am an adult at least 18 years of age, and I am not the Attorney-in-Fact appointed by this Durable Power of Attorney. My signature certifies that the SFERS member is known to me and is the same person who signed and dated Section 6, above.

Complete either
Section 7a
Or
Section 7b.

Signature of Witness #1 Print Name of Witness # 1

Address Relationship to Member

DO NOT complete
both sections.

City State Zip

Signature of Witness #2 Print Name of Witness # 2

Address Relationship to Member

City State Zip

Section 7b.

Acknowledgment of Notary Public

Signature of SFERS Member Date (mm/dd/yyyy)

Notary Public completes the following:

Complete either
Section 7a
Or
Section 7b.

State County

On _____, before me, _____
Date (mm/dd/yyyy) Name of Notary Public

DO NOT complete
both sections.

personally appeared _____
Name of SFERS Member

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: _____ **(Seal)**

My Commission Expires: _____

NAME: _____

SSN: _____

Section 8.

Notice to Person Accepting the Appointment of Attorney-in-Fact

The person agreeing to act as Attorney-in-Fact must sign this section.

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:

1. The legal duty to act solely in the interest of the SFERS Member or principal ("principal") and to avoid conflicts of interest.
2. 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.

Name of Attorney-In-Fact

Signature of Attorney-In-Fact

Date (mm/dd/yyyy)

Name of Attorney-In-Fact

Signature of Attorney-In-Fact

Date (mm/dd/yyyy)

Mail to:

**San Francisco Employees' Retirement System
1145 Market Street, 5th Floor
San Francisco, CA 94103**