City and County of San Francisco Employees' Retirement System

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.



Section 1.

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

Creation of 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.

When completing this form, please print the Name of SFERS Member (First Name, Middle Initial, Last Name) Social Security Number requested information. Address County State Daytime Phone City Zip 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-Name of Attorney-In-Fact Relationship to Member fact, and you want each to be able to act alone, check Address County "Separately." If you do not check a box, or if you check City State Zip Daytime Phone "Jointly," then all of your attorneys-in-fact must act unanimously Name of Attorney-In-Fact Relationship to Member and sign together. If you choose to have your attorneys-in-fact Address County act jointly and one is unavailable because of absence, illness, or other temporary Daytime Phone City State Zip incapacity, the other attorney(s)-in-fact may I have designated more than one attorney-in-fact. They are to act: exercise their authority □ Jointly □ Separately in his/her absence.

NAME:	SSN:					
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-infact becomes unable or unwilling to carry out his/her duties.	Name of Successor Attorney-In-Fact			Relationship to Member		
	L Address			County		
	LCity	State	Zip	Daytime Phone		
Section 3.	Statement of Authorit	ry 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 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					
ease check the propriate box.	 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, 					
ERS requires that members indicate ecifically which ecial Powers they sh to grant to the orney-in-fact being pointed by this	 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)-infact. 					
wer of attorney.						
	 Signature of SFERS Member	Print Na	me			
Section 4.	Duration of Power of	Attorney				
ease be careful in cosing when you nt your power of commence.	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.					
Inless you direct therwise, this power	☐ This durable power of attornuntil I specifically cancel it.	=	and e (mm/dd/yyyy)	I remain in effect for my lifetime or		
attorney is effective imediately and will ontinue until it is	☐ This special Limited power of attorney is to commence on and terminate on					
voked.	Date (mm/dd/yyyy)		Date (mm/dd/yy)	yy)		
		rs. The determination of whe	ther I am incapac	on that I am incapacitated and/or citated and or unable to handle my		

		SSN:			
Section 5a.	Notice to Person Executing Special Durable Power of Attorney – Part I				
	Please note: The person you are appointing as your Attorney-In-Fact will not have any authority over your other real or personal property. The authority granted by SFERS Special Durable Power of Attorney is limited to matters relating only to SFERS. If you wish that your Attorney-In-Fact's authority be extended over real and/or personal property matters, it is recommended that you seek legal counse				
	The language contained in Part II is recappears to grant your Attorney-In-Fact Special Durable Power of Attorney. So the SFERS Special Durable Power of Atthe extent of the authority being granted urge you to consult with an attorney.	greater authority than that actume of the statements contained attorney. If you are concerned	ually granted under this SFERS ed in Part II DO NOT APPLY to with the language in Part II, or		
Section 5b.	Notice to Person Executing Dur	able Power of Attorney -	- Part II		
signing the durable pauthorizing another p	attorney is an important legal document. By bower of attorney, you, the principal, are person to act on your behalf. Before you sign f attorney, you should know the following:	by executing a new durable pow amendment through the same for	is durable power of attorney only ver of attorney or by executing an ormalities as an original. You have this durable power of attorney at mpetent.		
Your agent (Attorn our agent agree oth)	ney-In-Fact) has no duty to act unless you and nerwise in writing.		public or signed by two witnesses.		
dispose of, sell, and	res your agent the powers to manage, convey your real and personal property, and as security if your agent borrows money on	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 of acknowledgment of his or her signature. Any durable power of attorney that may affect real property should be acknowledged before a notary public so that it may be easily recorded.			
or services provided	ave the right to receive reasonable payment d under this durable power of attorney unless se in this power of attorney.	7. When effective, this durable pagent the right to deal with propacquire.	power of attorney will give your erty that you now have or might		
entire lifetime, unless vill last for a shorter erminate the durable	ive your agent will continue to exist for your so you state that the durable power of attorney period of time, or unless you otherwise e power of attorney. The powers you give rable power of attorney will continue to exist		y is important to you. If you do no f attorney, or any provision of it, stance of an attorney or other		
even if you can no lo management of your	nger make your own decisions respecting the property.				
Section 6.	Date and Signature of SFERS M	lember			
	I am of sound mind and understand the electrons document under my own free will.	ctions I have made in completing t	this document. I am executing this		
	Date Executed (mm/dd/yyyy)	City	State		
	Signature of SFERS Member		County		
	Name of SFERS Member (First Name, Middle Initia				

ı							
	have witnessed the SEEDS Mon		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.						
1			I				
Complete either Section 7a	Signature of Witness #1		Print Name of Witness # 1				
	Address		Relationship to Member				
DO NOT			ı	1			
DO NOT complete both sections.	Dity		State	Zip			
L	Signature of Witness #2		Print Name of Witness # 2				
L	Address		Relationship to Member				
ı			I	1			
Ö	City		State	Zip			
8	Signature of SFERS Member Notary Public completes the fo	llowing:		Date (mm/dd/yyyy)			
N	votally Fublic collipletes the lo						
1	votal y r ublic completes the to						
Complete either	State		 County				
Complete either Section 7a C	State On	, before me,	, 				
Complete either Section 7a	State	, before me,	•				
Complete either Section 7a Or Section 7b.	State On		Name of Notary				
Complete either Section 7a Or Section 7b. OO NOT complete both sections.	State On Date (mm/dd/yyyy)	Name of SFERS Me sfactory evidence to be the ged to me that he/she/the their signature(s) on the i	Name of Notary mber ne person(s) whose name(Public s) is/are subscribed to the s/her/their authorized			
Complete either Section 7a Or Complete Section 7b. OO NOT complete both sections.	Date (mm/dd/yyyy) Date (mm/dd/yyyy) Dersonally appeared Droved to me on the basis of satis within instrument and acknowledge capacity(ies), and that by his/her/	Name of SFERS Me sfactory evidence to be the ged to me that he/she/the their signature(s) on the i ted the instrument.	Name of Notary mber ne person(s) whose name(y executed the same in his nstrument the person(s), or	Public s) is/are subscribed to the s/her/their authorized or the entity upon behalf of			
Complete either Section 7a Or Section 7b. DO NOT complete both sections.	Date (mm/dd/yyyy) Date (mm/dd/yyyy) Dersonally appeared Droved to me on the basis of satis within instrument and acknowledge capacity(ies), and that by his/her/which the person(s) acted, executive certify under PENALTY OF PER	Name of SFERS Me sfactory evidence to be the ged to me that he/she/the their signature(s) on the i ted the instrument. JURY under the laws of	Name of Notary mber ne person(s) whose name(y executed the same in his nstrument the person(s), or	Public s) is/are subscribed to the s/her/their authorized or the entity upon behalf of			
Complete either Section 7a Or Section 7b. DO NOT complete both sections.	Date (mm/dd/yyyy) Dersonally appeared Deroved to me on the basis of satis within instrument and acknowledge capacity(ies), and that by his/her/which the person(s) acted, executive certify under PENALTY OF PER rue and correct.	Name of SFERS Me sfactory evidence to be the ged to me that he/she/the their signature(s) on the ited the instrument. JURY under the laws of sficial seal	Name of Notary mber ne person(s) whose name(ey executed the same in his nstrument the person(s), of the State of California that	Public s) is/are subscribed to the s/her/their authorized or the entity upon behalf of			
Complete either Section 7a Or Section 7b. DO NOT complete both sections.	Date (mm/dd/yyyy) Deersonally appeared Droved to me on the basis of satis within instrument and acknowledge capacity(ies), and that by his/her/which the person(s) acted, executive certify under PENALTY OF PER rue and correct. WITNESS my hand and of	Name of SFERS Me sfactory evidence to be the ged to me that he/she/the their signature(s) on the ited the instrument. JURY under the laws of sficial seal	Name of Notary mber ne person(s) whose name(ey executed the same in his nstrument the person(s), of the State of California that	Public s) is/are subscribed to the s/her/their authorized or the entity upon behalf of			

SSN:

NAME:

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:			
	 The legal duty to act solely in the interest of the SFERS Member or principal ("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.			
	Name of Attorney-In-Fact			
	Signature of Attorney-In-Fact Date (mm/dd/yyyy)			
	<u>L</u>			
	Name of Attorney-In-Fact			

Date (mm/dd/yyyy)

Mail to:

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

Signature of Attorney-In-Fact