

Special Durable Power of Attorney

Use this document to officially appoint your chosen agent to transact matters relating to your San Diego County Employees Retirement Association (SDCERA) benefits. You are authorizing your agent, also known as an attorney-in-fact, to handle your SDCERA benefit affairs. For signature verification purposes, please provide a photocopy of a state or federal issued, signed identification card (such as a driver's license or passport) for your attorney-in-fact. This document creates a special durable power of attorney that continues if you, the principal, become incapacitated or are unable to handle your affairs. This *Special Durable Power of Attorney* form can only be used by SDCERA members for SDCERA benefit matters.

SECTION 1: CREATION OF SPECIAL DURABLE POWER OF ATTORNEY FOR BENEFIT-RELATED BUSINESS

By this document, I intend to create a special durable power of attorney by appointing the person named below to make benefit-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 Diego County Employees Retirement Association, hereinafter SDCERA.

Name of principal (member)		Social Security number	
Street address		Daytime telephone number	
City	State	ZIP	County

SECTION 2: DESIGNATION OF AGENT/ATTORNEY-IN-FACT *Please attach a copy of a signed photo identification.*

Name of agent/attorney-in-fact		Relationship to member	
Street address		Daytime telephone number	
City	State	ZIP	County

SECTION 3: GENERAL STATEMENT OF AUTHORITY GRANTED

I hereby grant to my agent/attorney-in-fact full power and authority to transact all matters relating to my benefits as a member of SDCERA, including all matters relating to retirement, health, and other benefits to which I may be eligible. I further give and grant unto my said agent/attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said agent shall lawfully do or cause to be done by virtue hereof. I understand that this authority is granted to the agent/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 Durable Power of Attorney* form, I intend that:

- My agent/attorney-in-fact (is | is not) authorized to select any benefit option available under the retirement plan, even though it may reduce the monthly allowance which would otherwise be paid to me during my lifetime.
- My agent/attorney-in-fact (is | is not) authorized to designate himself or herself as my beneficiary.
- My agent/attorney-in-fact (is | is not) authorized to designate or change my beneficiary(ries).

Section 3 continued on Page 2.

Return this completed form to SDCERA at the address below.

2275 Rio Bonito Way, Suite 200 • San Diego, CA 92108-1685
Call Center 619.515.6800 or 888.4.SDCERA • www.sdcera.org

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SECTION 3: Continued

On the following lines, you may give special instructions limiting the powers granted your agent/attorney-in-fact.

SECTION 4: DURATION OF POWER OF ATTORNEY *Choose one.*

Unless I indicate otherwise, this power of attorney is effective immediately and will continue until it is revoked. My agent/attorney-in-fact is hereby instructed to notify SDCERA in writing of my disability, incapacity or death immediately upon its occurrence.

Initial to indicate your choice (choose only one).

_____ 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

Printed 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.

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SECTION 5: NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY DOCUMENT

The authority granted by the SDCERA *Special Durable Power of Attorney* form is limited to matters relating to your benefits as a member of SDCERA, including all matters relating to retirement, health, and other benefits to which you may be eligible. The person designated as your agent/attorney-in-fact does not have any authority over your other real or personal property. If you wish your agent/attorney-in-fact to 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 broader authority than what is granted by the *Special Durable Power of Attorney* form. This warning statement is required by Probate Code Section 4128 and must be included in all preprinted durable power of attorney forms, even though the *Special Durable Power of Attorney* form does not authorize your agent/attorney-in-fact to do many of the things mentioned in the following warning statement. If you are concerned about the warning statement or the extent of the authority being granted by the *Special Durable Power of Attorney* form, please consult 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 respecting 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.**

Section 5 continued on Page 4.

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SECTION 5: Continued

- 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 easily be 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.

SECTION 6: DATE AND SIGNATURE OF PRINCIPAL (MEMBER) *To be completed and signed by the principal.*

Printed name of principal	City	State
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Signature of principal (member) **X**..... Date executed (mm/dd/yyyy)

SECTION 7: 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:

1. The legal duty to act solely in the interest of the 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.

Printed name of agent

Signature of agent **X**..... Date (mm/dd/yyyy)

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SECTION 8: SIGNATURES OF WITNESSES

To be completed by two witnesses who are not named as agent/attorney-in-fact.

I have witnessed the principal's signature, or the principal's acknowledgment of the signature designating power of attorney. I am an adult, at least 18 years old, and not the agent/attorney-in-fact. My signature certifies that the principal is known to me, and is the same person who signed and dated this affidavit.

Printed name of Witness 1		Street address	
City	State	ZIP	Daytime telephone number

Signature of Witness 1 X..... Date (mm/dd/yyyy).....

Printed name of Witness 2		Street address	
City	State	ZIP	Daytime telephone number

Signature of Witness 2 X..... Date (mm/dd/yyyy).....

SECTION 9: ACKNOWLEDGEMENT OF NOTARY PUBLIC

This section does not need to be completed if you have completed Section 8. Notaries outside of California attach loose certificate.

State of California _____
County

On _____, before me, _____, personally appeared
Date (mm/dd/yyyy) Printed name of notary public

_____ who proved to me on the basis of satisfactory evidence to be
Printed name of principal 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.

Place notary seal here

Signature X.....