

**INFORMATION SHEET**  
*PLEASE READ CAREFULLY*

The following is a Special Durable Power of Attorney prepared by the Teachers' Retirement System of the City of New York (TRS) pursuant to the New York General Obligations Law, Article 5, Title 15. This form has been prepared and circulated by TRS as a convenience to its members, retirees, and beneficiaries. This form is limited to retirement benefit transactions involving TRS and does not apply to any other matters.

Due to the high degree of control vested in the person named to act on your behalf with a power of attorney, only a trusted person should be named. Once you appoint someone as your power of attorney, that person may act on your behalf without your consent. **We strongly urge you to consult with an attorney before you execute a power of attorney.**

If you are a TRS member wishing to execute a power of attorney granting another person the authority to make decisions regarding your current and future retirement benefits, including the authority to designate or change beneficiaries, you must take one of the following actions:

Complete and submit a "TRS Special Durable Power of Attorney" (code BK75), available on our website at [www.trsnyc.org](http://www.trsnyc.org) or from our Member Services Center at 1 (888) 8-NYC-TRS. This non-statutory form is for use by TRS members and is specifically limited to retirement benefit transactions. Please note that TRS makes this form available merely as a convenience and assumes no responsibility with regard to your use of this form.

If you execute this Special Durable Power of Attorney form without placing any limitations in the form's Section (g): MODIFICATIONS, you are authorizing the person you are granting the power of attorney to take ANY action regarding your retirement account (discuss retirement benefits, request access to personal information, change depository account information, etc.) with these two exceptions:

- (1) The person holding the power of attorney may not name himself or herself the beneficiary of your retirement benefits, or
- (2) designate or change your current beneficiary.

If you want a person to be able to name himself/herself as the beneficiary, or designate or change your current beneficiary as the holder of your power of attorney, you must specifically **include** this information in Section (g): MODIFICATIONS of this form.

**OR**

Complete and submit a "short form" power of attorney **AND** a statutory gifts rider. Both forms must be executed simultaneously and submitted in order for an agent to have the power to make gifts and other transfers, including the authority to designate or change beneficiaries on retirement benefit plans.

The use of the attached TRS Special Durable Power of Attorney is a personal decision that should be based upon your particular needs and objectives.

**PLEASE NOTE: A short form power of attorney, properly executed in accordance with the law in effect prior to September 1, 2009, remains valid and will be honored by TRS.**

*The above is a general summary only and should not be solely relied upon; in addition, this summary is based on currently available information that is subject to change. TRS suggests that you consult with an attorney and/or a tax advisor to address any specific legal or tax questions concerning this information, or to ensure you are using the correct form and tailoring it to your needs sufficiently. In all cases, the specific provisions of the governing laws, rules, and regulations prevail.*



This page left intentionally blank.





Please read the "Information Sheet" before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

All information must be provided below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		TRS Membership/Retirement/Beneficiary Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
			( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so do not enter a temporary address; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14).

If you are providing new information above, please indicate the effective date:   /   /

(a) PURPOSE CLAUSE: The purpose of this Special Power of Attorney document is to authorize my agent to act in my name, place, and stead with respect to retirement benefit transactions and my interest in benefits provided by TRS pursuant to the Retirement and Social Security Law and the Administrative Code of the City of New York, as applicable.

Please note: By executing this Special Durable Power of Attorney without placing any limitations in Section (g): MODIFICATIONS, you are authorizing your agent to conduct ANY transaction that you would be authorized to do (discuss retirement benefits, request access to personal information, change depository account information, etc.) to the exclusion of naming himself or herself as beneficiary, or designating or changing your current beneficiary. If you want your agent to be able to name himself/herself as the beneficiary, or to designate or change your current beneficiary, you must include this information in Section (g): MODIFICATIONS.

(b) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to engage in retirement benefit transactions during your lifetime without telling you. You, however, do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities.

Your agent can act on your behalf only after signing this Special Durable Power of Attorney before a notary public. You can request information from your agent at any time. If, by executing this Special Durable Power of Attorney, you are revoking a prior authority with respect to TRS retirement benefit transactions made under a previous Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including TRS.



You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. The subsequent incapacity of a principal shall not revoke or terminate the authority of an agent who acts under a durable power of attorney. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

**IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.**

**(c) DESIGNATION OF AGENT(S):**

I, \_\_\_\_\_,  
(insert your name and address)

hereby appoint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
name(s) and address(es) of agent(s)

as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

\_\_\_\_\_ My agents may act SEPARATELY.

**(d)** *This SPECIAL POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications."*

**(e)** *This SPECIAL POWER OF ATTORNEY DOES NOT REVOKE any prior Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications."*

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Special Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.



(f) **GRANT OF AUTHORITY:** *By executing this Special Power of Attorney, I grant the authority to my agent to act in my name, place, and stead with respect to retirement benefit transactions involving TRS. This specific authority shall include the ability to:*

- *prepare, execute, deliver, submit, and/or file any document or instrument;*
- *make investment directions;*
- *select and change payment options; and*
- *exercise any other election for me as the principal with regard to any retirement benefit provided by TRS.*

*This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.*

(g) **MODIFICATIONS (OPTIONAL):** In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. **If you want your agent to be able to name himself/herself as the beneficiary, or designate or change your current beneficiary as the holder of your power of attorney, you must specifically include this information below:**

(h) **TERMINATION:** *This Special Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law. Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.*

(i) **ACCEPTANCE BY THIRD PARTIES AND COPY/FACSIMILE CLAUSE:** *To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives, and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument. This Special Power of Attorney may be revoked by me at any time.*



**(j) PRINCIPAL'S SIGNATURE AND ACKNOWLEDGMENT:**

*In Witness Whereof I have hereunto signed my name on \_\_\_\_\_, 20\_\_\_\_\_.*

Signature of Principal \_\_\_\_\_

(ACKNOWLEDGMENT) This form must be acknowledged before a Notary Public.

(NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of \_\_\_\_\_ )  
 ) s.s.:  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared the person known to me to be \_\_\_\_\_, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_ Expiration Date of Commission: \_\_\_\_\_

**(k) SIGNATURES OF WITNESSES:** *By signing as a witness, I acknowledge that the principal signed this instrument in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this instrument reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of the principal's benefits from TRS.*

\_\_\_\_\_  
Signature of Witness 1

\_\_\_\_\_  
Signature of Witness 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

**Please note:** The person who takes the acknowledgment may also serve as one of the witnesses.





(l) **IMPORTANT INFORMATION FOR THE AGENT:** When you accept the authority granted under this Special Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or this Special Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners:

(Principal's Name) by (Your Signature) as Agent; or  
 (Your Signature) as Agent for (Principal's Name).

**Please note:** You may not act to benefit yourself or anyone else unless permitted by law or in accordance with this Special Durable Power of Attorney. Under this Special Durable Power of Attorney, you may not designate yourself as a beneficiary of any of the principal's benefits, or designate or change his/her current beneficiary, **unless** you have been specifically granted such authority in this Special Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, or the principal's guardian, if one has been appointed.

**If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.**

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

(m) **AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:** It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

*I/we, \_\_\_\_\_, have read the foregoing Special Durable Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein. I/we acknowledge my/our legal responsibilities.*

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_





(ACKNOWLEDGMENT) This form must be acknowledged before a Notary Public.

(NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of \_\_\_\_\_ )  
 ) s.s.:  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared the person known to me to be \_\_\_\_\_, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_ Expiration Date of Commission: \_\_\_\_\_

(n) This document prepared by: \_\_\_\_\_

