



DURABLE GENERAL POWER OF ATTORNEY

INSTRUCTIONS

- ❖ The New York State Deferred Compensation Plan (the Plan) and its Administrative Service Agency do not provide legal advice. If you have questions regarding the suitability of this form for you, please contact your legal representative.
- ❖ This form is a legal document and revokes any and all previous designations received by the Plan or its Administrative Service Agency.
- ❖ This form can only be revoked upon written notice to the Plan by the Participant. These powers will continue to exist even after you become disabled or incompetent.
- ❖ Upon the participant's death or receipt of their written notification, this designation becomes void.
- ❖ This must be completed in full and notarized before the Plan can review for acceptability. Once this designation has been approved, your account will be updated with the instructions provided on the attached form. Only designees on the form will have access to your account information.
- ❖ By signing the Durable General Power of Attorney form, you agree to the stipulations stated above.
- ❖ The completed Durable General Power of Attorney form with original signatures should be submitted to the Plan at the following address:

**New York State Deferred Compensation Plan
Administrative Services Agency
P.O. Box 182797, PW-04-08
Dublin, Ohio 43016**

NRW-1793NY

DURABLE GENERAL POWER OF ATTORNEY

The powers you grant below continue to be effective should you become disabled or incompetent.

(Caution: This is an important document. It gives the person whom you designate (your "Agent") broad power to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to our or approval by you. These powers will continue to exist even after you become disabled or incompetent.

This document does not authorize anyone to make medical or health care decisions. You may execute a health care proxy to do this.

If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

I, _____, Social Security Number _____
(insert your name) (insert your social security number)

Currently residing at _____
(insert your residential address)

Do hereby appoint: _____
(insert your Agent's name)

Residing at _____
(insert your Agent's address)

As my attorney-in-fact TO ACT IN MY NAME, PLACE, AND STEAD in any way which I myself could do, if I were personally present, with respect to all retirement benefit transactions as that term is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

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 having relied on the provisions of this instrument.

(Added 1/1996) This Durable Power of Attorney may be revoked by me at any time.

In Witness Whereof I have hereunto signed my name this _____ day of _____, 20 ____.

YOU SIGN HERE _____
(Signature of Principal)

ACKNOWLEDGEMENT

State of _____

Sworn to before me

This _____ day of _____, 20 ____.

County of _____

NOTARY PUBLIC