



**SDCERS Special Durable Power of Attorney**

This document allows you to appoint another person of your choice to act as your attorney-in-fact. By executing this document, you grant your chosen attorney-in-fact the legal authority to handle matters relating to your San Diego City Employees' Retirement System ("SDCERS") health benefits, retirement benefits, and retirement account. Except as specifically limited in this document, your attorney-in-fact will be authorized to handle such matters with the same rights and privileges that you (the "Principal") have, including filing applications, making benefit elections, designating beneficiaries, and more. This document is effective immediately upon execution and creates a *durable* power of attorney that continues if you, the Principal, become incapacitated or unable to handle your affairs. This *Special Durable Power of Attorney* form can only be used for SDCERS retirement matters. **Read this form carefully before execution. Do not complete this form if you want this power of attorney to terminate when you become incapacitated.** If you have any questions, we advise you to consult an attorney before completing this form.

**1. Creation of Special Durable Power of Attorney for Retirement-Related Business**

By executing this document, I intend to create a Special Durable Power of Attorney by appointing the person named below to make retirement-related decisions for me. This power is expressly limited to decisions relating to my benefits as an SDCERS participant.

**2. Principal Identifying Information**

<b>Full Name:</b>		<b>SDCERS ID #:</b>	
<b>Current Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Date of Birth:</b>	<b>Phone:</b>	<b>Email:</b>	

**3. Designation of Attorney-In-Fact**

I, the Principal identified in Section 2, hereby appoint the following person as my Attorney-In-Fact:

<b>Full Name:</b>		<b>Relationship to Principal:</b>	
<b>Current Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Phone:</b>		<b>Email:</b>	

*You must attach a legible copy of a form of state or federal identification for the Attorney-In-Fact to this form. The form of identification provided must include the Attorney-In-Fact's signature and photo.*

**4. General Statement of Authority Granted**

I hereby grant to my Attorney-In-Fact full power and authority to transact all matters relating to my SDCERS benefits, subject to the limitations in Section 5 below, including all matters relating to retirement, retiree health insurance and reimbursements, and other benefits to which I may be eligible in accordance with SDCERS plan terms. I further grant to my Attorney-In Fact full power and authority to do and perform every act necessary and proper to be done in the furtherance of any such matters as I could do if personally present, with the understanding that this authority will be used for my benefit and exercised only in a fiduciary capacity. I understand that this authority is granted to my Attorney-In-Fact even if that person is related to me by blood, marriage, or legal domestic partnership.

**5. Specific Authority for Attorney-In-Fact**

My Attorney-In-Fact is granted the general authority described in Section 4 above as well as the authority incidental, necessary, or proper to carry out such granted authority. However, this Section limits my Attorney-In-Fact’s authorities such that my Attorney-In-Fact **may not** conduct any of the following transactions unless specifically authorized in this Section. If authority for any of these options is not specifically granted, the Attorney-In-Fact **will not** have authority for that option.

**By initialing next to any of the following options, it is my intention that the Attorney-In-Fact is granted the specific authority to carry out each such option, so long as such change is allowed under SDCERS plan terms.**

\_\_\_\_\_ My Attorney-In-Fact is authorized to select *or modify* any retirement or payment option available under the retirement plan, even though it may reduce the allowance which would otherwise be paid to me.

\_\_\_\_\_ My Attorney-In-Fact is authorized to designate himself/herself as my beneficiary.

\_\_\_\_\_ My Attorney-In-Fact is authorized to designate or change my beneficiary.

\_\_\_\_\_ My Attorney-In-Fact is authorized to designate a bank account to receive an electronic transfer of retirement funds.

\_\_\_\_\_ My Attorney-In-Fact is authorized to submit a change of address form.

\_\_\_\_\_ My Attorney-In-Fact is authorized to withdraw my contributions and interest.

**On the following lines, you may give special instructions to limit or extend the powers granted to your Attorney-In-Fact.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Duration of Special Durable Power of Attorney

This language creates a Special Durable Power of Attorney. My Attorney-In-Fact is hereby instructed to notify SDCERS in writing of my disability or incapacity or of my death immediately upon its occurrence. *My subsequent disability or incapacity shall not affect this power of attorney. However, it will terminate upon my death.*

**Please initial to indicate you want this to be a Special Durable Power of Attorney. Do not initial and do not complete this form if you want this power of attorney to terminate upon your incapacitation.**

\_\_\_\_\_ This Special Durable Power of Attorney will remain in effect for my lifetime or until I specifically cancel it.

**IMPORTANT REMINDERS:** *The authority granted by SDCERS' Special Durable Power of Attorney form is limited to matters relating to SDCERS. This form does not grant the person designated on this form as your Attorney-In-Fact any authority over your other real or personal property.*

You may note that the language contained in the following "WARNING" section refers to more extensive authority. This "WARNING" is required by Probate Code §4128 to be included in all preprinted power of attorney forms that may extend authority beyond the time you become disabled or incapacitated. *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 counsel in completing a different power of attorney.*

Also, if you are concerned with the warning statement or the extent of the authority being granted by this form, we again urge you to consult with a private attorney.

## 7. WARNING: Notice To Person Executing This Document

**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 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.**

**7. WARNING: Notice To Person Executing This Document (cont'd)**

- 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.
- 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. This durable power of attorney that may affect real property should be acknowledged before a notary public so that it may be easily 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.

**8. 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 effectively assume the fiduciary and other legal responsibilities of an Attorney-In-Fact. These responsibilities include:

- 1) The legal duty to act solely in the interest of the principal and to avoid conflicts of interest; and
- 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 §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 Special Durable Power of Attorney.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**9. Date and Signature of Principal**

I, the Principal named in this Special Durable Power of Attorney, hereby acknowledge:

- 1) I have read and understand the nature and effect of this Special Durable Power of Attorney;
- 2) I am of legal age in the State of California to grant a Special Durable Power of Attorney;
- 3) I am of sound mind and I am voluntarily giving this Special Durable Power of Attorney of my own free will; and
- 4) I agree that upon receiving a copy of this document SDCERS may act under it, and revocation of this power of attorney is not effective as to SDCERS until SDCERS has actual knowledge of the revocation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the following address:

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

SDCERS ID#: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**10. a) Signatures of Witnesses**

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 ATTORNEY-IN-FACT. My signature certifies that the Principal is known to me or has produced a valid form of identification and is the same person who signed and dated this affidavit.*

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 ATTORNEY-IN-FACT. My signature certifies that the Principal is known to me or has produced a valid form of identification and is the same person who signed and dated this affidavit.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

-OR-

**10. b) Acknowledgment of Notary Public (California Version)**

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ personally appeared: \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, freely and voluntarily 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.**

**SEAL**

Signature of Notary Public: \_\_\_\_\_

***This acknowledgment form is valid for California notaries only!  
If notarized outside the State of California, the notary of the applicable state must complete and attach that state's acknowledgment form.***

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.**