

SPECIAL POWER OF ATTORNEY



Sonoma County Employees' Retirement Association
 433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
 Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

<p>This document should be used by members and beneficiaries for appointing an Attorney-In-Fact to transact all retirement matters relating to the Sonoma County Employees' Retirement Association. This document authorizes the person you designate as your Attorney-In-Fact to handle your retirement affairs such as filing applications, making benefit elections, designating beneficiaries, designating a bank account for electronic transfer of retirement benefits, changing your address or contact information, making tax withholding elections, accessing information (including online member accounts), and endorsing benefit payment warrants. This <i>Special</i> Power of Attorney form can only be used for SCERA retirement matters. Do not complete this form if you want this Power of Attorney to terminate when you become incapacitated.</p>			
<p>SECTION 1: CREATION OF SPECIAL DURABLE POWER OF ATTORNEY FOR RETIREMENT-RELATED BUSINESS</p>			
<p>By 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 as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits and rights as a member of the Sonoma County Employees' Retirement Association (hereafter referred to as SCERA).</p>			
<p>Name of Principal (member or beneficiary)</p>			
<p>Street Address</p>			
<p>Daytime Telephone Number</p>			
City	State	Zip	County
<p>SECTION 2: DESIGNATION OF AGENT / ATTORNEY-IN-FACT</p>			
<p><i>Please note – SCERA requires the Attorney-In-Fact to submit a photo ID with signature exemplar before the Attorney-In-Fact can take any action</i></p>			
<p>Name of Agent / Attorney-In-Fact</p>			<p>Relation to Principal</p>
<p>Street Address</p>			<p>Daytime Telephone Number</p>
City	State	Zip	County
<p>SCERA does not require the nomination of a successor Attorney-In-Fact. Under California Probate Code § 4203, a principal may appoint one or more successor Attorneys-In-Fact to act if the original Attorney-In-Fact is unable or unwilling to carry out his or her duties. A successor Attorney-In-Fact is subject to all of the duties and restrictions set forth by you in this Special Durable Power of Attorney. You should complete this section only if you wish to name a successor Attorney-In-Fact.</p>			
<p>If the above-named Attorney-In-Fact is unable or unwilling to carry out the duties as my Attorney-In-Fact, I hereby nominate the following as successor Attorney-In-Fact:</p>			
<p>Name of Successor Attorney-In-Fact (if any)</p>			<p>Relation to Principal</p>
<p>Address (Street Address, City, State, and Zip)</p>			

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 and rights as a member of SCERA subject to any limitations I specify in SECTION 4. 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 / attorney-in-fact shall lawfully do or cause to be done by virtue hereof, subject to any limitations I specify in SECTION 4 of the Power of Attorney.

SECTION 4: SPECIFIC AUTHORITY FOR SPOUSE

*This section should only be used if you are naming your spouse or state registered domestic partner as your Attorney-In-Fact.**

YOU MUST INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING

___ My Attorney-In-Fact is authorized to select any payment 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 Attorney-In-Fact is authorized to designate himself or herself as my beneficiary

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

*To elect any option or designate any beneficiary on behalf of the member, an Attorney-In-Fact must be either a “neutral” party or an eligible spouse or state registered domestic partner who has been given specific authority to do so. An Attorney-In-Fact is neutral if he or she is not related by blood or marriage to either the member or the designated beneficiary. If the Attorney-In-Fact is not neutral, SCERA will only accept the following: an election of the “Unmodified Option” made on the member’s behalf and / or designation of the member’s minor child(ren) as beneficiary(ies). If a non-neutral Attorney-In-Fact wishes to take any other action that is not specifically authorized in this section, he or she must obtain a conservatorship of the member. If the Attorney-In-Fact is neutral, SCERA will accept the election of any payment option or the designation of any beneficiary, so long as it does not benefit the Attorney-In-Fact.

SECTION 5: DURATION OF SPECIAL DURABLE POWER OF ATTORNEY *Choose only one.*

By initialing one of the sections below, I have indicated when and under what circumstances this power of attorney will become effective. Once effective, this power of attorney will continue until revoked by me. My Attorney-In-Fact is hereby instructed to notify SCERA in writing of my disability, incapacity, or death immediately upon its occurrence.

Initial on one of the lines below 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 revoke it. My subsequent incapacity or disability shall not affect this power of attorney. However, it will terminate upon my death.

___ This special limited power of attorney is to commence on _____ and terminate on _____
 Date (mm/dd/yyyy) Date (mm/dd/yyyy)

___ 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 determination (e.g. my personal physician, Dr. John Doe)

___ This special general power of attorney is to terminate in its entirety if I become incapacitated.

SECTION 6: NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

The authority granted by the SCERA Special Power of Attorney is limited to matters relating to your benefits and rights as a member of SCERA. The person designated as your Attorney-In-Fact in the SCERA Special Power of Attorney does not have any authority over your other real or personal property or health care decisions. If you wish your Attorney-In-Fact to have authority over your real and / or personal property, or health care decisions, you are advised to consult legal counsel to complete a different power of attorney.

You may notice that the language contained in the following warning statement refers to more extensive authority than what is granted by the power of attorney form. This warning statement is required by Probate Code § 4128 and must be included in all preprinted durable power of attorney forms that extend authority beyond the date you become disabled or incapacitated. If you are concerned about this warning statement or the extent of the authority being granted by this form, you are advised to consult legal counsel.

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 life time, 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.**
- **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 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 7: SIGNATURE AND DATE OF PRINCIPAL (Member) To be completed and signed by the principal

Printed name of principal	City	State

Signature _____ Date executed (mm/dd/yyyy) _____

SECTION 8: NOTICE TO PERSON ACCEPTING 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 Attorney-In-Fact

Signature _____ Date (mm/dd/yyyy) _____

Please note – SCERA requires the Attorney-In-Fact to submit a photo ID with signature exemplar before the Attorney-In-Fact can take any action regarding the principal's retirement account.

SECTION 9a: SIGNATURE OF WITNESSES *To be completed by two witnesses*

I have witnessed the principal's signature, or the principal's acknowledgement 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 _____ Date (mm/dd/yyyy) _____

Printed name of witness 2	Street address		
City	State	Zip	Daytime telephone number

Signature of witness 2 _____ Date (mm/dd/yyyy) _____

SECTION 9b: ACKNOWLEDGEMENT OF NOTARY PUBLIC

This section does not need to be completed if you have completed section 9a. Notaries may complete the following or attach appropriate acknowledgment form as required in the state where acknowledged.

ACKNOWLEDGMENT

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 that document.

State of California
 County of _____)

On _____ before me, _____
 (insert name and title of the officer)

personally appeared _____,
 who proved to me on the basis of satisfactory evidence to be 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.

Signature _____ (Seal)