



# Special Power of Attorney

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

### Creation of Durable Power of Attorney for Retirement-Related Business

When completing this form, please be sure to print the requested information.

For the purpose of this form, a principal is defined as a person who empowers another to act as a representative on their behalf.

Name of Principal (First Name, Middle Initial, Last Name)			Social Security Number or CalPERS ID
Address			County
City	State	ZIP	Daytime Phone ( )

By this document I intend to create a durable power of attorney by appointing the person(s) 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 financial and health benefits under the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II — hereinafter CalPERS, LRS, JRS I and JRS II, respectively.

## Section 2

### Designation of Attorney-in-Fact

You have the option of designating more than one attorney-in-fact.

If you appointed more than one attorney-in-fact, and you want each attorney-in-fact to be able to act alone, check the appropriate box. If you do not check a box, or if you check "jointly," then all of your attorneys-in-fact must act or sign together. Granting joint authority to two or more attorneys-in-fact is exercisable only by their unanimous action. If you choose to have your attorneys-in-fact act jointly, and one is unavailable because of absence, illness, or other temporary incapacity, the other attorney(s)-in-fact may exercise their authority under the power of attorney.

Name of Attorney-in-Fact			Birth Date (mm/dd/yyyy)
Address			Social Security Number or CalPERS ID
City	State	ZIP	Daytime Phone ( )

Name of Attorney-in-Fact			Birth Date (mm/dd/yyyy)
Address			Social Security Number or CalPERS ID
City	State	ZIP	Daytime Phone ( )

Name of Attorney-in-Fact			Birth Date (mm/dd/yyyy)
Address			Social Security Number or CalPERS ID
City	State	ZIP	Daytime Phone ( )

I have designated more than one attorney-in-fact. They are to act (mark one box only):

☐ Jointly ☐ Separately ☐ Alternately, in the numerical order specified above. If you mark "Alternately," you must number the attorneys-in-fact in the order in which they are to act.

### Section 3

## General Statement of Authority Granted

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, LRS, JRS I or JRS II. I understand that this authority is granted to the 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 Power of Attorney* form I intend that:

- My attorney-in-fact ( ☐ is; ☐ is not) authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
- My attorney-in-fact ( ☐ is; ☐ is not) authorized to designate or change my beneficiary.
- My attorney-in-fact ( ☐ is; ☐ is not) authorized to designate him or herself as my beneficiary.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

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### Section 4

## Duration of Power of Attorney

Please be careful in  
choosing when you want  
your power of attorney to  
commence or terminate.

Please check one box to indicate your choice.

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

- ☐ 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

\_\_\_\_\_  
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.

## Section 5

Agent is the  
attorney-in-fact.

### Notice to Person Executing Durable Power of Attorney

The authority granted by the CalPERS *Special Power of Attorney* form is limited to matters relating to CalPERS, LRS, JRS I and JRS II. The person designated as your attorney-in-fact does not have any authority over your other real or personal property. If you wish that your attorney-in-fact 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 more extensive authority than granted by the CalPERS *Special Power of Attorney*. 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 CalPERS *Special Power of Attorney* does not authorize your attorney-in-fact to do many of the things mentioned in the following (Warning) statement. Also, if you are concerned with the (Warning) statement or the extent of the authority being granted by the CalPERS *Special Power of Attorney* form, we again urge you to consult with an attorney.

#### (Warning): Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a 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 state 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 regarding 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 power of attorney at any time as 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 principal's signing of the power of attorney or (2) the principal's acknowledgement 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 can 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. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

**Section 6**

**Notice to Person Accepting the Appointment of 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:

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
- 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 authorized 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 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. Lastly, the principal's benefit shall not be subject to execution, process, or assignment under California Public Employees' Retirement Law Section Code 21255.

Print Name of Agent

Signature of Agent

Date (mm/dd/yyyy)

Print Name of Agent

Signature of Agent

Date (mm/dd/yyyy)

Print Name of Agent

Signature of Agent

Date (mm/dd/yyyy)

**Section 7**

To be completed and  
signed by the principal.

**Principal's Acknowledgement & Execution**

I am of sound mind and either understand my elections or talked with an attorney. I am executing this legal document under my own free will.

Date Executed (mm/dd/yyyy)

City

State

Signature of Principal

County

Print Name of Principal

Social Security Number or CalPERS ID

Name of Member

Social Security Number or CalPERS ID

## Section 8

To be completed by  
two witnesses who  
are not named as  
attorneys-in-fact.

## Witness Information

I have witnessed the principal's signature or the principal's acknowledgment of the signature designating power of attorney. I attest to the principal's knowledge that I am of sound mind. 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, is the same person who signed and dated this affidavit, and that I am of sound mind.

Signature of Witness 1

Print Name of Witness 1

Address

Date

City

State

ZIP

Signature of Witness 2

Print Name of Witness 2

Address

Date

City

State

ZIP

## Section 9

To be completed by  
a notary public.

This section does not  
need to be completed if you  
have completed Section 8.  
CalPERS images these  
documents. Please be  
advised embossed seals  
may not appear when this  
document is reviewed. An  
inked stamp is preferred.

## Notary Public Acknowledgement

### Notary

State

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  
Name of Principal

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 of Notary Public

Notary Seal

Print Name

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).