

Power of Attorney Instructions



General

This Power of Attorney authorizes your agent to perform on your behalf any transactions with the State Employees' Retirement System (SERS) that you could request yourself. This form was drafted consistent with Pennsylvania's statute governing powers of attorney found in 20 Pa.C.S. § 5601 et seq., as amended, and is intended for use with SERS only.

You may revoke this Power of Attorney at any time by providing written notice of your revocation to SERS and to your designated agent. This Power of Attorney will remain in effect if you become disabled or incapacitated.

Definitions

- **Principal** — the member or beneficiary/survivor annuitant of member
- **Agent** — the person or persons designated by the principal in a power of attorney to act on behalf of the principal.
- **Power to engage in retirement plan transactions** — the ability to request any transaction with SERS that the principal could if present.

IMPORTANT: Read all instructions carefully.

Forms not properly completed and/or forms containing erasures or other alterations, including “white-out,” will not be accepted by SERS.

Notice Section

This section explains the purpose of a power of attorney that should be signed/marked and dated by the principal.

Section A — Information of Member and Agent(s)

List principal's name, social security number and address in the space provided. List the names, addresses, telephone numbers, and relationship (spouse, parent, child, etc.) of one or more agents. Please note that if the spouse is named as agent and there is a subsequent divorce, the divorce, by law, automatically revokes the spouse as agent. **All information requested must be completed or the POA will not be accepted or relied upon by SERS.**

Section B — Multiple Agents

If more than one agent is named, the principal can require them to act together or individually. Acting individually means that each agent can request transactions with SERS without the signature or consent of the other named agent(s). Acting together means that each agent must execute each transaction requested with SERS. **If more than one agent is named, one of the boxes must be checked or the POA will not be accepted or relied upon by SERS.**

Section C — Beneficiary Designations

Under Pennsylvania law, the agent cannot create or change a beneficiary designation unless expressly authorized by the principal. Note that if the agent is permitted to create or change beneficiary designations, the agent will also be permitted to designate himself/herself as beneficiary. **One of the boxes must be checked or the POA will not be accepted or relied upon by SERS.**

Power of Attorney Instructions



Section D — Execution by Principal

The principal **must** date and sign the form in the space provided. If the principal is not physically able to sign his/her name, then the principal must sign by mark or direct another to sign on behalf of the principal with the principal's name written or typed in the space designated "Principal's Printed Name."

1. The signature or mark of the principal or the signature by another individual on behalf of and at the direction of the principal must be notarized and witnessed by two individuals.
2. The notary cannot be the agent, a witness or the individual signing on behalf of the principal.
3. The witnesses cannot be the notary, the agent or the individual signing on behalf of the principal.

If the principal does not sign and date the POA, the POA will not be accepted or relied upon by SERS.

Section E — Acknowledgment by Agent(s)

The agent will not have the authority to act until the agent executes the acknowledgment required by 20 Pa.C.S. § 5601(d). **If each agent does not execute the acknowledgment, the POA will not be accepted or relied upon by SERS.**

**Power of Attorney
Notice**



NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa.C.S. Ch. 56.

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

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Principal's Signature or Mark

Date

Principal's Social Security Number

Power of Attorney



Section A — (NOTE: You must provide all of the requested information. You may, but are not required, to name more than one agent.)

I, _____, _____
(Principal's Name) (Social Security Number)
of _____
(Address) (City, State, Zip Code)

hereby appoint the following as my lawful agent(s) with the full power "to engage in retirement plan transactions," as that power is defined in 20 Pa.C.S. § 5603(q), on my behalf with the State Employees' Retirement System ("SERS"), to the extent that I could do so myself under the State Employees' Retirement Code, 71 Pa.C.S. § 5101 et seq., whether I am a member, survivor annuitant, or a beneficiary; and I hereby revoke all earlier power(s) of attorney for the same transaction(s) covered by this form:

1. _____ (Printed Name of Agent) _____ (Address)

(Relationship to Principal) _____ (Address)

(Phone) _____ (City, State, Zip Code)
2. _____ (Printed Name of Agent) _____ (Address)

(Relationship to Principal) _____ (Address)

(Phone) _____ (City, State, Zip Code)

This Power of Attorney is a durable power of attorney that will continue despite any incapacity or disability I may suffer.

Section B — (Multiple Agents — You must check a box if more than one agent is named above.)

If more than one agent is named above, your agents may act either alone or together pursuant to this Power of Attorney.

My agents must act together for all requested transactions with SERS.

-OR-

My agents may act individually without the consent or signature of the other named agent.

Section C — (Beneficiary Designations — You must check a box.)

My agent(s) shall **NOT** have the authority to create or change beneficiary designations of my retirement plan.

-OR-

My agent(s) shall have the authority to create or change beneficiary designations of my retirement plan. My agent will only be permitted to name himself/herself or a dependent of the agent as beneficiary if the agent is my ancestor, spouse or descendant.

Witness Section

Witnesses' Oath to Principal's Signature or Mark

You must have two witnesses present to observe you while you sign, make your mark or have another sign for you. The two witnesses must then sign their names and write their addresses in your presence. Neither witness can be the individual who signed on your behalf, the agent, or the notary.

We, the undersigned witnesses, hereby attest that the principal signed or placed his or her mark above or that another subscribed the principal's name above, that we observed the principal make the signature/mark above, or observed another subscribe the principal's name in the principal's presence, and that we then signed our names below in the presence of the principal and in the presence of each other.

1. _____
(Signature of Witness)

(Address)

(Printed Name of Witness)

(City, State, Zip Code)

(Date)

(Phone)

2. _____
(Signature of Witness)

(Address)

(Printed Name of Witness)

(City, State, Zip Code)

(Date)

(Phone)

Section E

(Each agent named **must** complete this acknowledgment.)

ACKNOWLEDGMENT

I, the named agent, have read the attached Power of Attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the Power of Attorney or in 20 Pa.C.S. when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

1. _____
(Agent's Signature)

(Date)

(Printed Name of Agent)

2. _____
(Agent's Signature)

(Date)

(Printed Name of Agent)