

CalPERS Special Power of Attorney Form



Mail to:
California Public Employees' Retirement System
Benefit Services Division
P.O. Box 942716
Sacramento, CA 94229-2716
(916) 326-3848
(800) 352-2238
(916) 326-3933 FAX

CalPERS Special Power of Attorney

This document is intended for appointing an attorney-in-fact to transact all retirement matters relating to the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II. It authorizes the person(s) you designate (called an "attorney-in-fact") to handle your retirement affairs, such as filing applications, making benefit elections, designating beneficiaries, and endorsing warrants. This document creates a durable power of attorney that continues after you, the principal, become incapacitated or otherwise unable to handle your own affairs.

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

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 benefits under the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II - hereinafter CalPERS, LRS, and JRS respectively.

2. Designation of Attorney-In-Fact

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

Please Print

I, _____, _____ - _____ - _____
(Name of CalPERS member or beneficiary) (Social Security number)

of _____, City of _____,
(Street address)

County of _____, State of _____ ZIP code _____,

do hereby appoint: (1) _____ of _____,
(Name of attorney-in-fact) (Street address)

City of _____, County of _____,

State of _____ ZIP code _____, as my attorney-in-fact.

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I do hereby appoint: (2) _____ of _____,
(Name of attorney-in-fact) (Street address)

City of _____, County of _____,

State of _____ ZIP code _____, as my 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 without the other attorney-in-fact, write the word "separately" in the blank space below. If you do not insert any word in the space, or if you insert the word "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.

If I have designated more than one attorney-in-fact, the attorneys-in-fact are to act:

(jointly or separately)

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

3. General Statement of Authority Granted

If I become incapable of giving informed consent to decisions concerning my retirement benefits, I hereby grant to my attorney-in-fact full power and authority to transact all matters relating to CalPERS, LRS, or JRS including, but not limited to filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

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I further give and grant to my 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 attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

4. Duration of Power of Attorney

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

(You must initial in the box to indicate your choice.)

My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability or incapacity or of my death immediately upon its occurrence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

I want this special power of attorney to remain in effect for my lifetime or until I specifically cancel it.

I want this special power of attorney to commence on the following:

Unless you direct otherwise above, this power of attorney is effective immediately and will continue until it is revoked.

I wish this special power of attorney to terminate in its entirety if I become incapacitated.

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IMPORTANT REMINDERS: The authority granted by the CalPERS Special Power of Attorney form is limited to matters relating to CalPERS, LRS, and JRS. 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 note 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 Durable 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.

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.

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 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.

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.

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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 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 may easily be 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 your CalPERS retirement affairs. 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.

Date and Signature of Principal

Executed this _____ day of _____, _____, at _____, _____.

(Day)

(Month)

(Year)

(City)

(State)

Signature: _____

Printed Name: _____

Social Security Number: _____

Signature of Witnesses

1. I, _____ (please print),
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 and is the same person who signed and
dated this affidavit.

(Please sign your name here)

(Please print your name here)

(Street address)

(City, State, ZIP code)

2. I, _____ (please print),
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 and is the same person who signed and
dated this affidavit.

(Please sign your name here)

(Please print your name here)

(Street address)

(City, State, ZIP code)

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-Or-

Acknowledgment of Notary Public

State of _____ County of _____

on _____, before me, _____,

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose names(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 instruments the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness may hand official seal

Signature of Notary Public

(Seal)