



# LACERS SPECIAL DURABLE POWER OF ATTORNEY

The purpose of this document is to create a durable power of attorney wherein you, the Principal, appoint an agent to make retirement related decisions for you now or in the event of your incapacitation. You may use this document to appoint a person or persons to take care of all your retirement matters with the Los Angeles City Employees' Retirement System (LACERS). You can make this Power of Attorney effective (1) immediately or (2) after you become incapacitated (physically or mentally unable to handle your own affairs).

This Power of Attorney allows your agent (Attorney-in-Fact) to take care of your retirement matters after you become incapacitated and thus avoids the need for a court conservatorship.

This Power of Attorney terminates upon your death.

I, \_\_\_\_\_ appoint  
Principal Name

1. \_\_\_\_\_, my \_\_\_\_\_,  
Name of Person Appointed Relationship

AND 2. \_\_\_\_\_, my \_\_\_\_\_,  
Name of Person Appointed Relationship

as my agent(s) (Attorney-in-Fact) to make decisions for me related to the retirement benefits payable to me from LACERS, as more fully set forth below. Above named agent(s) must act jointly; if yes, initial here. (\_\_\_\_\_) The above named agents may act separately; if yes, initial here. (\_\_\_\_\_)

Unless I initial below, this Power of Attorney is effective immediately and will continue until it is revoked. This Power of Attorney shall not be affected by my subsequent incapacity.

By placing my initials here (\_\_\_\_\_), this Power of Attorney shall become effective upon my incapacity. A written statement from a physician(s) who has examined me indicating that I am not able to physically or mentally handle my own affairs shall be sufficient to establish my incapacity.

I give my Attorney-in-Fact full power and authority to handle all matters related to LACERS including, but not limited to, filing applications, making benefit elections, selecting health insurance coverage, cashing my checks, and authorizing the direct deposit of my allowance and/or benefit. However, my Attorney-in-Fact is *not* authorized to designate beneficiaries on my behalf unless I expressly grant this authority by placing my initials below.

**DO NOT INITIAL BELOW UNLESS YOU WANT  
YOUR AGENT TO HAVE THESE POWERS**

- By placing my initials here (\_\_\_\_) I authorize my Attorney-in-Fact to designate beneficiaries on my behalf, but my Attorney-in-Fact may not designate himself or herself as my beneficiary unless I also place my initials here (\_\_\_\_).

On the following lines, you may give special instructions regarding the duration of this document or the limits or the extent of the powers granted your Attorney-in-Fact relating to your LACERS benefits.

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I further give 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 said attorney shall lawfully do or cause to be done by virtue hereof. I designate the following person(s), in the order listed, as my successor Attorneys-in-Fact to act in the event the Attorney-in-Fact listed above is unable or unwilling to act in that capacity:

1. \_\_\_\_\_ my \_\_\_\_\_  
Name of First Successor Relationship  
\_\_\_\_\_  
Street Address City, State, Zip  
\_\_\_\_\_  
Phone

2. \_\_\_\_\_ my \_\_\_\_\_  
Name of Second Successor Relationship  
\_\_\_\_\_  
Street Address City, State, Zip  
\_\_\_\_\_  
Phone

I agree once LACERS receives a copy of this document, revocation of this Power of Attorney is not effective as to LACERS until LACERS has actual written notification of the revocation. I agree to indemnify LACERS for any claims that arise against LACERS because of reliance on this Power of Attorney.

Principal initial here: (\_\_\_\_)

## ADVISORY STATEMENT

*The authority granted by this LACERS Special Durable Power of Attorney form is limited to LACERS matters. This document does not give the person designated on this form as your Attorney-in-Fact any authority over your other real or personal property. The language contained in the "Notice to Person Executing Durable Power of Attorney" (Warning) refers to more extensive authority. This notice and the "Notice to Person Accepting the Appointment as Attorney-in-Fact" are required by California Probate Code Section 4128 to be included in all pre-printed durable Power of Attorney forms. If you want your Attorney-in-Fact's authority to be extended over real and/or personal property matters, or if you are concerned with the information contained in these notices or the extent of authority granted by this form, it is recommended that you seek legal counsel as you may want to consider filling out a different Power of Attorney.*

### NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY (Warning)

**A durable power of attorney is an important legal document. By signing this 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 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.**
- **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.

Principal initial here: (\_\_\_\_)

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intentionally  
left blank

**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 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.**

**In addition to the duties set forth above, I agree to immediately notify LACERS in writing of the principal's death.**

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

_____ Signature of Agent 1	_____ Print Name
_____ Street Address, City, State, and Zip Code	_____ Phone Number

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

_____ Signature of Agent 2	_____ Print Name
_____ Street Address, City, State, and Zip Code	_____ Phone Number

**Please attach a copy of a valid government issued photo identification for each agent.**

Principal initial here: (\_\_\_\_)

**Principal's Acknowledgement and Execution**

I understand and acknowledge the power granted by this Special Durable Power of Attorney is limited to decisions relating to my benefits as a member of LACERS.

Executed in the County of \_\_\_\_\_ State of \_\_\_\_\_ ,

Dated: \_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Street Address of Principal City, State, Zip Phone

This durable Power of Attorney must be:

- (1) Dated and signed by the principal (or signed in the principal's name by another adult in the principal's presence and at the principal's direction, *and*
- (2) Acknowledged before a notary public *or* witnessed by at least two adults. **Please choose one method, but not both.**

**ACKNOWLEDGEMENT OF NOTARY PUBLIC**  
*(Not required if signature is witnessed by the two adults below.)*

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

On \_\_\_\_\_, before me, \_\_\_\_\_

Personally appeared \_\_\_\_\_,

personally known to me (or proved to me on the basis of satisfactory evidence) to be 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 instruments 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 Seal

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

My commission expires: \_\_\_\_\_  
Date

**SIGNATURES OF TWO ADULT WITNESSES**  
*(Not required if signature is notarized.)*

The Attorney-in-Fact *cannot* be a witness. The witnesses must be at least 18 years old.

By signing below, I certify that I am at least 18 years old, that I am not the Attorney-in-Fact and that I have witnessed the principal's signing of this Power of Attorney or the principal's acknowledgement of the signature on the Power of Attorney:

Executed in the County of \_\_\_\_\_ State of \_\_\_\_\_ ,  
Dated: \_\_\_\_\_

1. \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Street Address, City, State, and Zip Code

\_\_\_\_\_  
Witness Relationship to Principal

2. \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Street Address, City, State and Zip Code

\_\_\_\_\_  
Witness Relationship to Principal

**Please attach a copy of a valid government issued photo identification for each witness.\***

**\*Identification not applicable if witnessed by LACERS staff.**