



COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
30 NORTH THIRD STREET, SUITE 150
HARRISBURG, PENNSYLVANIA 17101-1716
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us



POWER OF ATTORNEY

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 is intended for use with SERS only. Every Power of Attorney document is subject to review and approval by SERS. This document must be signed and dated where appropriate.

You may revoke this Power of Attorney at any time by providing written notice of your revocation to SERS and to your designated agent.

Section A

List your name, municipality, county and state in the space provided. List the names and addresses of one or more persons you wish to designate as your agent. If more than one agent is named, indicate whether your agents must act together, or whether your agents can act individually.

Place a check mark (✓) in the spaces provided for any power you **do not want** your agent to have. If, for example, you do not want your agent to be able to select or change a retirement option, place a check mark (✓) in the space next to number two (2) in this section.

Section B

Indicate whether your agent may name himself as beneficiary or survivor annuitant.

Section C

This section is to be completed only if you have named your spouse as an agent. Indicate whether you wish the Power of Attorney to remain in effect even if either you or your spouse file for divorce.

Section D

This section is to be completed only if you want the Power of Attorney to become void upon your disability or incapacity. If this space is left blank, SERS will presume that you want the Power of Attorney to remain in effect if you become disabled or incapacitated.

Section E

This section must be completed if you are physically able to sign your name.

Sign and date the form in the space provided. Please have a witness sign the form and place his or her address in the space provided. The witness is attesting that you, in fact, are the person signing the form.

Section F

This section is to be completed only if you are not physically able to sign your name.

Place your mark in the space designated "Your Mark" and have someone write or type your name in your presence in the space designated "Your Printed Name." You must have two witnesses present to observe you while you make your mark. The two witnesses must then sign their names and write their addresses in your presence in the space provided.

This form was drafted consistent with Pennsylvania's statute governing powers of attorney, at 20 Pa. C.S. §5601 **et seq.**



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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 KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

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)

(Date)



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POWER OF ATTORNEY

SECTION A

Note: You may, but are not required to name more than one person as your agent.)

KNOW ALL MEN BY THESE PRESENTS, that I, _____,
 (Principal's Name)

of _____ County of _____, State
 (Municipality) (County)

of _____, hereby appoint the following as my lawful agent(s):
 (State)

_____ of _____
 (Name of Agent) (Address)

_____ of _____
 (Name of Agent) (Address)

If more than one agent is named above please check one of the following:

My agents must act together pursuant to this power of attorney.

- or -

My agents may act either alone or together pursuant to this power of attorney.

ACKNOWLEDGMENT

I, _____, have read the attached power of attorney and am
 (name(s) of agent(s))

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 exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

 (Agent's Signature)

 (Date)



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I hereby give my agent 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. My agent shall be authorized to do anything with respect to my SERS' benefits except the following (check all that you **DO NOT** authorize):

- (1) contribute to, withdraw from and deposit funds in SERS;
- (2) select and change payment options;
- (3) make rollover contributions from my SERS' retirement plan to other retirement plans;
- (4) execute forms, instruments, and applications as appropriate;
- (5) name beneficiaries and survivor annuitants; and
- (6) receive retirement counseling on my behalf

SECTION B

(Note: You must check one of the following.)

- To the extent that I could do so myself under the Retirement Code, my agent may name himself as beneficiary or as survivor annuitant of my retirement plan.

- or -

- My agent shall not name himself as beneficiary or survivor annuitant of my retirement plan.



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SECTION C

(Note: Complete Section C ONLY if the agent you have named above is your spouse.)

If an agent you have named above is your spouse, SERS shall deem this Power of Attorney document revoked as to that agent, if either you or your spouse files for divorce, unless you indicate otherwise below.

This Power of Attorney shall remain in full force and effect, even if either my agent or I file for divorce.

SECTION D

(Note: Complete Section D ONLY if the Power of Attorney is to be non-durable.)

A durable Power of Attorney is meant to continue despite any incapacity or disability you may suffer. A non-durable Power of Attorney cannot continue if you become incapacitated or disabled.

This Power of Attorney will be presumed durable unless you indicate otherwise below.

This Power of Attorney shall become void upon my disability or incapacity.

SECTION E

(Note: Complete this section if you are physically able to sign your name. If you are not physically able to sign your name, go to Section F.)

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, 20__.

 (Principal's Signature)

 (Principal's S.S.#)

 (Principal's Printed Name)

 (Witness)

 (Witness)



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POWER OF ATTORNEY

SECTION F

(Note: Complete this section ONLY if you are NOT physically able to sign your name.)

In witness whereof, I have hereunto set my hand and seal this _____ day of _____,
 20____.

(READ THIS IMPORTANT NOTE BEFORE YOU SIGN BY MARK: If you are physically unable to sign your name, then you may sign this power of attorney below by making your mark on the "Principal's Mark" line below. By making this mark, you are also acknowledging that you understand the contents of the Notice on page one.

You must have your name written or typed in your presence in the "Principal's Printed Name" blank below. You must have two witnesses present to observe you while you make your mark. The two witnesses must then sign their names and write their addresses below in your presence.

 (Principal's Mark)

 (Principal's S.S.#)

 (Principal's Printed Name)

Witnesses' Oath When Principal Signs by Mark

We, the undersigned witnesses, hereby attest that the principal placed his or her mark above in our presence, that we observed the principal make the mark above, that the principal's name was subscribed near the mark in the principal's presence before or after he made the mark, and that we then signed our names below in the presence of the principal and in the presence of each other.

Witnesses (legible signatures and addresses):

1. _____
 (Name)

 (Address)

 (Address)

2. _____
 (Name)

 (Address)

 (Address)