

LIMITED DURABLE POWER OF ATTORNEY (LDPOA) - PRE RETIREMENT

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Connecticut statutes allow an entity to establish its own criteria as to what it will accept with regard to a LDPOA. In order to safeguard the interests of members of the State Employees' Retirement System ("SERS") a member wishing to designate someone as his or her Attorney-In-Fact must use this form to do so. This LDPOA authorizes your Attorney-In-Fact to perform on your behalf any transactions with SERS that you could request yourself. This form is intended for use with SERS only. Every LDPOA is subject to review and approval by SERS. **This two page document must be signed, dated, witnessed and notarized where indicated.**

1. This document gives the person you designate the power to make any and all decisions for your SERS related matters on your behalf. SERS is providing this instrument to its members as a matter of courtesy; due to the significance of this document SERS *strongly recommends* that you seek legal advice before signing this document.
2. This document remains in effect until the earliest of the following occurs: (a) a period of five years from the date it is signed; (b) SERS has knowledge of your death; (c) your Attorney-In-Fact relinquishes his/her duties or a court acting on your behalf terminates such authority; (d) you revoke this LDPOA by written notification to SERS. This LDPOA may not be amended.
3. If your Attorney-In-Fact is your spouse, SERS shall presume and deem this LDPOA revoked if either you or your spouse files for divorce unless you specifically write and notify us otherwise.
4. This LDPOA presumes you are of sound mind when you execute it. It will continue despite any incapacity or disability you may suffer after execution. However, it is limited to a period of five years from the date of your signature. If you wish it to continue after five years, you must execute another LDPOA.
5. With the exception of a spouse, the "Attorney-In-Fact" listed on the POA cannot also be your contingent annuitant or beneficiary unless you have specifically noted this on the form provided.

PART II - MEMBERS (PRINCIPAL) INFORMATION (Type or Clearly Print This Information)

MEMBER'S NAME (Last, First, M.I.)	EMPLOYEE NO.	SOC SEC NO.
MEMBER'S ADDRESS (Street, No., Name)		(City, State, Zip Code)

PART III - DESIGNATION OF ATTORNEY- IN-FACT (AGENT) (Type or Clearly Print This Information)

The individual you wish to designate as your Attorney-In-Fact (Agent)

NAME (Last, First, M.I.) (Print Clearly or Type)	SOC SEC NO.
ADDRESS (Street, No., Name) (City, State, Zip Code)	RELATIONSHIP

PART IV - AGREEMENT AND ACKNOWLEDGEMENT

I have read or have had explained to me the information contained on this page, page one of this two page LDPOA form, and I understand its contents. I understand that I am also referred to as the Principal in and throughout this document.

Name of Member (Principal)

Date

Directions: *If you have not yet retired:* Fill in and otherwise execute both pages of this LDPOA form and send or give to your employing agency. Your agency will forward the original LDPOA (both pages) with any relevant or necessary documentation to the Retirement Services Division, 55 Elm Street, Hartford, CT., 06106.

LIMITED DURABLE POWER OF ATTORNEY (LDPOA) - PRE RETIREMENT

I hereby give _____ (name) my Attorney-In-Fact who was designated as my Attorney-In-Fact on the first page of this two page form, the full power and authority to engage in retirement plan transactions on my behalf with SERS to the extent that I could do myself as a member of SERS in accordance with the SERS statutes. My Attorney-In-Fact shall be authorized to do the following with regard to my SERS' pension benefits (note: check all that you **DO** authorize):

- _____ Talk to my employing Agency and Retirement Services Division staff about my benefit to learn and/or receive the information necessary for retirement.
- _____ Select payment election options in accordance with the SERS statutes.
- _____ Execute SERS retirement related forms, instruments and applications as appropriate.
- _____ Designate beneficiaries and survivor annuitants in accordance with SERS statutes and procedures.
- _____ Receive pre-retirement counseling on my behalf.
- _____ To make any and all designations concerning the method of payment of these sums, including the designation of the address or bank account to which the benefits are sent or deposited.

I understand that SERS does not permit a non-spouse Attorney-In-Fact acting on behalf of a member to name themselves as a beneficiary or contingent annuitant unless I specifically allow my Attorney-In-Fact to do so. By placing my initials (not just a check mark) on the line next to the following statement, I agree and hold that:

- _____ To the extent that I could do so myself under SERS, and while it may be construed as self-dealing, my non-spouse Attorney-In-Fact _____ (name) may name himself or herself as beneficiary or as a contingent annuitant with regard to any SERS related retirement benefit.

By signing this form, I am granting _____ (name of agent) the full power and authority to act on my behalf with regard to the SERS transactions I have marked above. I understand the legal impact in executing this LDPOA and hereby agree to hold SERS, the State of CT and its employees harmless for any alleged misuse, mismanagement or malfeasance by the Attorney-In-Fact exercising any and/or all powers granted under this LDPOA. Furthermore, no State employee who relies in good faith upon the authority granted hereunder shall incur any liability to me, my estate, my heirs successors or assigns.

IN WITNESS WHEREOF, I have signed this Power of Attorney on _____, 20 ____

Signature of Member (Principal)

Address (Street/Town/State) Where Signed

Statement of Witness: I declare that the principal has identified himself or herself to me, that the principal signed or acknowledged this limited durable power of attorney in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress.

Witness Signature: _____

Witness Signature: _____

Date signed: _____

Date signed: _____

Address: _____

Address: _____

Notary certification: On this day before me, a Notary Public or Commissioner of the Superior Court, authorized to administer oaths in the State that the Member resides, personally appeared _____ (member/Principal) who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed as the Principal within this instrument, executed this document in my presence, and personally acknowledged to me that he/she executed this Power of Attorney for the purposes herein stated.

Signed and sworn before me this _____ day of _____, 20 ____

Signature of Notary Public: _____

SEAL HERE

State:

Town:

My commission expires