



SPECIAL POWER OF ATTORNEY

SECTION 1

Creation of Special Durable Power of Attorney for Retirement-Related Business

When completing this form, please be sure to print the requested information.

For the purpose of this form, a principal is defined as a person who empowers another to act as a representative on that person's behalf.

| | | | |
|---|-------|-------------------------------------|-------------------|
| Name of Principal (First Name, Middle Initial, Last Name) | | Social Security Number or SJCERA ID | |
| Address | | County | |
| City | State | Zip | Daytime Phone () |

By this document I intend to create a durable power of attorney by appointing the person 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 San Joaquin County Employees' Retirement Association, hereinafter SJCERA.

SECTION 2

Designation of Attorney-in-Fact

You have the option of designating more than one Attorney-in-Fact.

If you appoint more than one attorney-in-fact, and you want each attorney-in-fact to be able to act alone, check the appropriate box. If you do not check a box, or if you check "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.

| | | | |
|--|-------|-------------------------|-------------------|
| Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | | Birth Date (mm/dd/yyyy) | |
| Address | | Social Security Number | |
| City | State | Zip | Daytime Phone () |

| | | | |
|--|-------|-------------------------|-------------------|
| Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | | Birth Date (mm/dd/yyyy) | |
| Address | | Social Security Number | |
| City | State | Zip | Daytime Phone () |

| | | | |
|--|-------|-------------------------|-------------------|
| Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | | Birth Date (mm/dd/yyyy) | |
| Address | | Social Security Number | |
| City | State | Zip | Daytime Phone () |

I have designated more than one Attorney-in-Fact. They are to act (mark one box only):

- Jointly
- Separately
- Alternately, in the numerical order specified above. If you mark "Alternately," you must number the Attorneys-in-Fact in the order in which they are to act.

SECTION 3

General Statement of Authority Granted

I hereby grant my Attorney-in-Fact full authority to transact all matters on my behalf relating to SJCERA, including, but not limited to, filing applications, making benefit elections, designating beneficiaries and endorsing warrants. I further give my Attorney-in-Fact full authority to perform every required act to be done to exercise 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. I understand that this authority is granted to the Attorney-in-Fact designated by me even if that person is related to be my blood, marriage, or legal domestic partnership. By signing this Special Power of Attorney form, I intend that:

- My Attorney-in-Fact (is; is not) authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
- My Attorney-in-Fact (is; is not) authorized to designate or change my beneficiary.
- My Attorney-in-Fact (is; is not) authorized to designate himself or herself as my beneficiary.
- I give the following instructions that limit or extend the powers granted to my Attorney-in-Fact:

SECTION 4

Duration of Power of Attorney

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

Please check one box to indicate your choice.

Unless I indicate otherwise, this power of attorney is effective immediately and will continue until it is revoked. My Attorney-in-Fact is hereby instructed to notify SJCERA in writing of my disability, incapacity, or death immediately upon its occurrence.

- This special durable power of attorney is to commence immediately and to remain in effect for my lifetime or until I specifically cancel it.
- This special limited power of attorney is to commence on _____ and terminate on _____ .
Date (mm/dd/yyyy) or Event
- This special contingent power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by

Name or Title of Person to Make the Determination

- This special general power of attorney is to terminate in its entirety if I become incapacitated.

SECTION 5

Notice to Person Executing Durable Power of Attorney

Agent is the
Attorney-in-Fact.

The authority granted by the SJCERA Special Power of Attorney form is limited to matters related to SJCERA. 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 notice that the language contained in the following (Warning) statement refers to more extensive authority than granted by the SJCERA Special Power of Attorney. This (Warning) statement is required by California Probate Code Section 4128 to be included in all pre-printed power of attorney forms even though the SJCERA Special 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 SJCERA Special Power of Attorney form, we again urge you to consult with an attorney.

(Warning): Notice to Person Executive 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 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 regarding 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. (Please choose one or the other, but not both!) 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 be easily 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 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.

Put your name and Social Security Number or SJCERA ID at the top of every page

| | |
|-------------------|-------------------------------------|
| Name of Principal | Social Security Number or SJCERA ID |
|-------------------|-------------------------------------|

SECTION 6

Notice to Person Accepting the Appointment of Attorney-in-Fact

To be reviewed and signed by the 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:

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest
- 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.

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|---------------------|
| Print Name of Agent |
|---------------------|

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|--------------------|-------------------|
| Signature of Agent | Date (mm/dd/yyyy) |
|--------------------|-------------------|

| |
|---------------------|
| Print Name of Agent |
|---------------------|

| | |
|--------------------|-------------------|
| Signature of Agent | Date (mm/dd/yyyy) |
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| |
|---------------------|
| Print Name of Agent |
|---------------------|

| | |
|--------------------|-------------------|
| Signature of Agent | Date (mm/dd/yyyy) |
|--------------------|-------------------|

SECTION 7

Principal's Acknowledgement and Execution

To be completed and signed by the Principal.

I am of sound mind and either understand my elections or talked with an attorney. I am executing this legal document under my own free will.

| | |
|-------------------------|-------------------------------------|
| Print Name of Principal | Social Security Number or SJCERA ID |
|-------------------------|-------------------------------------|

| | |
|------------------------|--------|
| Signature of Principal | County |
|------------------------|--------|

| | | |
|------|-------|----------------------------|
| City | State | Date Executed (mm/dd/yyyy) |
|------|-------|----------------------------|

Put your name and Social Security Number or SJCERA ID at the top of every page

Name of Principal _____ Social Security Number or SJCERA ID _____

SECTION 8

Witness Information

To be completed and signed by two witnesses who are not named as Attorneys-in-Fact.

I have witnessed the Principal's signature or the Principal's acknowledgment of the signature designating power of attorney. I attest to the Principal's knowledge that I am of sound mind. 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, is the same person who signed and dated this affidavit and that the Principal is of sound mind.

Signature of Witness 1 _____ Date (mm/dd/yyyy) _____

Print Name of Witness 1 _____

Witness 1 Address _____

City _____ State _____ Zip _____

Signature of Witness 1 _____ Date (mm/dd/yyyy) _____

Print Name of Witness 1 _____

Witness 1 Address _____

City _____ State _____ Zip _____

SECTION 9

Notary Public Acknowledgement

To be completed by a notary public.

Notary

This section does not need to be completed if you have completed Section 8. SJCERA images these documents. Please be advised embossed seals may not appear when this document is imaged. An inked stamp is preferred.

State _____ County _____

On _____ Date (mm/dd/yyyy) before me _____ Printed Name of Notary Public

personally appeared _____, who proved to me on the basis of _____ Printed Name of Principal

satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

Signature of Notary Public _____ Notary Seal _____

Printed Name of Notary Public _____

MAIL TO: SJCERA • 6 S. El Dorado Street, Suite 400 • Stockton, California • 95202-2804