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NEW YORK PUBLIC EMPLOYEE
RETIREMENT SYSTEM SPECIAL
DURABLE POWER OF ATTORNEY

BOARD OF EDUCATION RETIREMENT SYSTEM
OF THE CITY OF NEW YORK
65 COURT STREET
BROOKLYN, NEW YORK 11201-4965

SPECIAL DURABLE POWER OF ATTORNEY

This is a Public Retirement System Form. This form has been prepared for public retirement systems and does not apply to any other retirement systems.

**HOW TO COMPLETE
SPECIAL DURABLE POWER OF ATTORNEY
(SAMPLE ONLY - DO NOT SUBMIT)**

Law Article 5, Title 15. For more information, please contact the Board of Education Retirement System at (929) 305-3800.

You may submit this form to the Board of Education Retirement System at (718) 935-4124 or (718) 935-3830.

First Name	MI	Last Name
Employee Identification Number	REQUIRED – Email Address	
Daytime Telephone Number	Additional Telephone Number	

OFFICIAL DATE OF RECEIPT

(a) **PURPOSE CLAUSE:** The purpose of this Power of Attorney document is to authorize my agent to act in my name, place and stead with respect to retirement benefit transactions and my interest in benefits provided by one or more of the public retirement systems listed below pursuant to the Retirement and Social Security Law, the Education Law and the Administrative Code of the City of New York, as applicable.

Please note: By executing this special Power of Attorney without placing any limitations in Section (g) MODIFICATIONS, you are authorizing your agent to conduct ANY transaction that you would be authorized to do (discuss retirement benefits, request access to personal information, change depository account information, etc.) to the exclusion of naming him or herself as beneficiary. If you want your agent to be able to name himself/herself as the beneficiary or change your current beneficiary, you must include this information in Section (g) MODIFICATIONS.

A public retirement system for the purposes of this form shall include:

- The New York City Board of Education Retirement System
- The New York State and Local Employees' Retirement System
- The New York State and Local Police and Fire Retirement System
- The New York State Teachers' Retirement System
- The New York City Employees' Retirement System
- The New York City Teachers' Retirement System
- The New York City Police Pension Fund
- The New York City Fire Department Pension Fund

(b) **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You, however, do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities.

PRINCIPAL - Sign this form and have it notarized, Page 3

SPECIAL DURABLE POWER OF ATTORNEY

G _____

E _____

Employee Identification Number

Your agent can act on your behalf only after signing the Power of Attorney before a notary public. You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. The subsequent incapacity of a principal shall not revoke or terminate the authority of an agent who acts under a durable power of attorney. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

(c) DESIGNATION OF AGENT(S):

I, _____
(insert your name and address)

hereby appoint:

If you have more than one Agent and would like them to be able to act SEPARATELY, you MUST initial here.

name(s) and address(es) of agent(s)

as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

My agents may act SEPARATELY.

(d) This SPECIAL POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications."

(e) This SPECIAL POWER OF ATTORNEY DOES NOT REVOKE any prior Power of Attorney previously executed by me unless I have stated otherwise below, under "Modifications."

If you do NOT intend to revoke your prior Power of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.

PRINCIPAL - Sign this form and have it notarized, Page 3

SPECIAL DURABLE POWER OF ATTORNEY

G _____ E _____
Employee Identification Number

- (f) **GRANT OF AUTHORITY:** By executing this Power of Attorney, I grant the authority to my agent to act in my name, place and stead with respect to retirement benefit transactions involving any applicable public retirement system of the state. This specific authority shall include the ability to:
 - prepare, execute, deliver, submit and/or file any document or instrument;
 - make investment directions;

If you wish to give your Agent the authority to designate him/herself as a beneficiary for any BERS benefit, you must write that in the blank space in section g. If nothing is written here, your Agent will only be able to designate a person other than the Agent as a beneficiary.

provided, however, that the agent may not designate himself or herself as a beneficiary under Section (g) MODIFICATIONS; and with regard to any retirement benefit provided by any applicable public retirement system, the agent shall act in accordance with the instructions, or otherwise for purposes which the agent reasonably

- (g) **MODIFICATIONS (OPTIONAL):** In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent:

- (h) **TERMINATION:** This Special Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law. Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

- (i) **ACCEPTANCE BY THIRD PARTIES AND COPY/FACSIMILE CLAUSE:** To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, administrators, assigns, hereby agree to indemnify and hold harmless any third party from and against any claim, demand, suit, action, liability, damage, loss, cost, expense, interest, and reasonable attorney's fees that may arise against such third party by reason of such third party's reliance on this Special Power of Attorney may be revoked by me at any time.

The Principal (BERS member or pensioner) must sign here.

The Principal must enter the date the POA is signed here.

- (j) **PRINCIPAL'S ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on _____, 20_____.

Signature of Principal:

_____ **Sign here**

Date:

_____ **Enter date here**

The Notary must sign on or after the date the Agent has signed. If the Notary signs before the Agent, the form will be INVALID.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____, _____ personally appeared before me the said _____

The Principal's name must be entered here.

to me known to be the individual described herein, and that he or she executed the foregoing instrument (a) voluntarily and (b) for the purposes and consideration therein expressed. I acknowledge that the individual described herein is not a minor, an incompetent person, or a person who is otherwise legally incapacitated.

During COVID-19, the NY State Governor will allow electronic notarizations. You may find information on How-To E-Notarize documents on the Announcements page of our website. Please note each State has different Notary requirements.

(If you have an official seal, please affix it).

PRINCIPAL - Sign this form and have it notarized, THIS PAGE

SPECIAL DURABLE POWER OF ATTORNEY

G _____	E _____	_____
		Employee Identification Number

(k) **SIGNATURES OF WITNESSES:** By signing as a witness, I acknowledge that the principal signed this instrument in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this instrument reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of the principal's benefits from a public retirement system.

Signature of witness 1	Signature of witness 2
Date	Date
Print name	Print name
Address	Address
City, State, Zip Code	City, State, Zip Code

Please note: The person who takes the acknowledgment may also serve as one of the witnesses.

(l) **IMPORTANT**
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Two witnesses ARE REQUIRED. One may be the Notary. The Agent CANNOT sign as a Witness. If the Agent signs as a Witness or two Witnesses are not entered here, this form will be deemed INVALID.

During COVID-19, BERS will allow the completion of this portion of the form by Witnesses who have followed the electronic notary guidelines outlined below.

1. A video conference must take place between the Principal and the Witness. This call must allow for the direct interaction and the Principal must sign the Special Power of Attorney(POA) form during the video conference so that the Witness may see that the Principal actually signed the POA.
2. The Principal must show an ID if they are not known to the Witness.
3. The Principal must transmit by fax or email a legible copy of the POA to the Witness for execution. This transmission must be done on the same date that the video conference occurred.
4. The Witness must sign the transmitted copy of the POA and transmit it back to the Principal.

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Principal's name

SPECIAL DURABLE POWER OF ATTORNEY

G _____ E _____
Employee Identification Number

Please Note: You may not act to benefit yourself or anyone else unless permitted by law or in accordance with this Special Power of Attorney. Under this Special Power of Attorney you may not designate yourself as a beneficiary of any of the principal's benefits unless you have been specifically granted such authority in this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, or the principal's guardian, if one has been appointed.

If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of Title 15. You may

The Agent(s) name(s) must be written here.

Authority given by the law or violation.

You may enter the name of the person completing this form, or you may leave this section blank.

The Agent(s) must enter the date the POA is signed here. The Agent may sign this document at any time ON OR AFTER the Principal. The Agent may not sign this document before the Principal; doing so will make the form INVALID.

(m) **AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:** It is not required that the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, _____, have read the foregoing Special Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein. I understand the nature and consequences of my/our responsibilities.

(n) This document prepared by: _____

The Agent(s) must sign here.

Signature of Agent: _____

Sign here

Date: _____

Enter date here

The Notary must sign on or after the date the Agent has signed. If the Notary signs before the Agent, the form will be INVALID.

STATE OF _____ COUNTY OF _____

On this _____ day of _____,

personally appeared before me the said _____,

to me known _____,

acknowledged _____.

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of Deeds

(If you have an official seal, please affix it).

The Agent's name must be entered here.

AGENT - Sign this form and have it notarized, THIS PAGE