

REQUIRED

Member Number: E or G

New applicants should leave this blank.

REQUIRED

Last 4 Digits of SSN

REQUIRED

Employee Identification Number



Board of Education Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965

--	--	--

This is a Public Retirement System Special Power of Attorney prepared pursuant to General Obligations Law Article 5, Title 15. This form has been prepared and circulated by the public retirement systems listed below as a convenience to their members, retirees and beneficiaries. **This form is limited to retirement benefit transactions involving those retirement systems and does not apply to any other matters.**

THIS IS A FILLABLE FORM. Enter information in all fields, then print the form. To validly execute the document, please sign on page 5 in the presence of a notary, who must complete the acknowledgment. Additionally, you must sign in the presence of two (2) disinterested witnesses (one of whom may be the notary), and these witnesses must also sign and provide their information on page 6. In addition, your agent(s) must sign on pages 8 and 9 of the form in the presence of a notary, who must complete the acknowledgment. If you have more than one primary agent and intend to grant your primary agents the authority to act separately, you must place your initials next to the statement: "My PRIMARY agents may act SEPARATELY." If you have more than one successor agent and intend to grant your successor agents the authority to act separately, you must place your initials next to the statement: "My SUCCESSOR agents may act SEPARATELY."

OFFICIAL DATE OF RECEIPT

Employee Identification Number	Last 4 Digits of SSN	Daytime Phone Number

First Name	M.I.	Last Name

(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 unless your agent is an immediate family member or domestic partner. To grant your agent who is not your immediate family or domestic partner the authority to designate themselves as your beneficiary, you must grant such authority by initialing one of the statements in Section (g) MODIFICATIONS.

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

- 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 Pension Fund
- The New York City Board of Education Retirement System

SPECIAL DURABLE POWER OF ATTORNEY

REQUIRED Member Number: E or G <small>New applicants should leave this blank.</small>	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	 Board of Education Retirement System MAILING ADDRESS 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965
<input type="text"/>	<input type="text"/>	<input type="text"/>	

(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 engage in retirement benefit transactions 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.

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, by executing this Special Power of Attorney, you are revoking a prior authority with respect to retirement benefit transactions relating to an interest in any of the above-listed public retirement systems made under a previous 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 any appropriate public retirement system.

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.nysenate.gov or www.nyassembly.gov.

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):**

(1) **Primary Agent(s)**

I, _____
your name and address

hereby appoint:

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

as my PRIMARY agent(s).

relationship of primary agent(s) to principal (for example, spouse, domestic partner, child, or no relation)

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

[_____] My PRIMARY agents may act SEPARATELY.

REQUIRED
Member Number: E or G
New applicants should leave this blank.

REQUIRED
Last 4 Digits
of SSN

REQUIRED
Employee
Identification Number



Board of Education
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

--	--	--

(2) Successor Agent(s)

If any agent designated above is unable or unwilling to serve, I appoint as my SUCCESSOR agent(s):

_____ *name(s) and address(es) of successor agent(s)*

_____ *relationship of successor agent(s) to principal (for example, spouse, domestic partner, child, or no relation)*

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

[_____] My SUCCESSOR 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 Powers of Attorney previously executed by me unless I have stated otherwise below, under Section (g) "Modifications."

If you do NOT intend to revoke your prior Powers 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 Section (g) "Modifications" that the agents with the same authority are to act together.

- (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;
 - select and change payment options;
 - make deposits and change direct deposit instructions for jointly held accounts;
 - **designate a beneficiary or beneficiaries for any retirement and/or death benefit; provided, however, that the agent may not designate himself or herself as a beneficiary unless the agent is my spouse, domestic partner, parent or child;** and
 - exercise any other election for the principal with regard to any retirement benefit provided by any applicable public retirement system of the state.

This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

REQUIRED Member Number: E or G <small>New applicants should leave this blank.</small>	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	 Board of Education Retirement System MAILING ADDRESS 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965
<input type="text"/>	<input type="text"/>	<input type="text"/>	

(g) **MODIFICATIONS: (OPTIONAL)** In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent(s) and language to grant your agent(s) the specific authority to designate themselves as your beneficiary if the agent(s) is/are not your spouse, domestic partner, parent or child:

(1) **If you intend to grant your agent(s) authority to designate themselves as beneficiaries and your agent(s) is/are not your spouse, domestic partner, parent or child, you must place your INITIALS next to ONE the following statement:**

[] All of my agents, including all of my primary and successor agents named herein, have the authority to designate themselves as my beneficiary(ies).

OR

[] I grant the following specifically named agent(s) the authority to designate themselves as my beneficiary(ies):

name(s) of agent(s)

(2) Please include any additional provisions, including any limitations or supplement authority, below:

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.

(h) **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, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument. This Special Power of Attorney may be revoked by me at any time.

REQUIRED

Member Number: E or G

New applicants should leave this blank.

REQUIRED

Last 4 Digits of SSN

REQUIRED

Employee Identification Number



Board of Education Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

--	--	--

(i) SIGNATURE AND ACKNOWLEDGMENT:

In witness whereof, I have hereunto signed my name on _____, 20_____.

Signature of Principal _____

Date _____

Principal's signature must be acknowledged by a Notary Public or Commissioner of Deeds:

State of _____ County of _____ On the _____ day of _____ in the year 20_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary _____

Expiration Date _____

If you have an official seal, affix it.

SPECIAL DURABLE POWER OF ATTORNEY

REQUIRED

Member Number: E or G
New applicants should leave this blank.

REQUIRED

Last 4 Digits
of SSN

REQUIRED

Employee
Identification Number

--	--	--



Board of Education
Retirement System

**MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965**

(j) **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.

Witnesses – Sign THIS PAGE.

REQUIRED Member Number: E or G <small>New applicants should leave this blank.</small>	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

BERS | Board of Education Retirement System
MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

SPECIAL DURABLE POWER OF ATTORNEY

(k) IMPORTANT INFORMATION FOR THE AGENT: When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners:
 (Principal's Name) by (Your Signature) as Agent; or
 (Your Signature) as Agent for (Principal's Name).

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 are the spouse, domestic partner, parent, or child of the principal or 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 agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

REQUIRED

Member Number: E or G
New applicants should leave this blank.

REQUIRED

Last 4 Digits
of SSN

REQUIRED

Employee
Identification Number

[Empty input boxes for Member Number, SSN, and Employee ID]



Board of Education
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

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

I/we, _____
have read the foregoing Special Durable Power of Attorney. I am/we are the person(s) identified therein as PRIMARY agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Signature of Agent - 1

Date

Agent's signature must be acknowledged by a Notary Public or Commissioner of Deeds:

State of _____ County of _____ On the _____ day of _____ in the year 20_____,
before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/
her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary

Expiration Date

If you have an official seal, affix it.

[Notary Seal Box]

Signature of Agent - 2

Date

Agent's signature must be acknowledged by a Notary Public or Commissioner of Deeds:

State of _____ County of _____ On the _____ day of _____ in the year 20_____,
before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/
her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary

Expiration Date

If you have an official seal, affix it.

[Notary Seal Box]

PRIMARY AGENT(S) – Sign THIS PAGE in the presence of a Notary Public.

REQUIRED
Member Number: E or G
New applicants should leave this blank.

REQUIRED
Last 4 Digits
of SSN

REQUIRED
Employee
Identification Number



Board of Education
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

SPECIAL DURABLE POWER OF ATTORNEY

(m) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT: It is not required that the principal and the SUCCESSOR agent(s) sign at the same time, nor that multiple agents sign at the same time. Furthermore, SUCCESSOR agents cannot use this power of attorney unless the Primary agent(s) designated above is/are unable or unwilling to serve.

I/we, _____,
have read the foregoing Special Durable Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Signature of SUCCESSOR Agent - 1

Date

Agent's signature must be acknowledged by a Notary Public or Commissioner of Deeds:

State of _____ County of _____ On the _____ day of _____ in the year 20_____,
before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/
her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary

Expiration Date

If you have an official seal, affix it.

Signature of SUCCESSOR Agent - 2

Date

Agent's signature must be acknowledged by a Notary Public or Commissioner of Deeds:

State of _____ County of _____ On the _____ day of _____ in the year 20_____,
before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/
her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary

Expiration Date

If you have an official seal, affix it.

(n) This document prepared by: _____

SUCCESSOR AGENT(S) – Sign THIS PAGE in the presence of a Notary Public.