



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 (800) 348-7298 or (518) 447-2900

OFFICE SERVICES ONLY

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM SPECIAL DURABLE POWER OF ATTORNEY

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.

Enter information in all fields. To validly execute the document, please sign on page 5 and have your signature notarized. Two (2) disinterested witnesses must sign and provide their information on page 6. Your agent(s) must sign on pages 8 and 9 of the form and have their signature(s) notarized. If you 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." In order 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."

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



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(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, they 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 as provided in Section (k) 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.



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(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 Section (g) 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 themselves 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.



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

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 agents the authority to designate themselves as my beneficiary(ies):

_____ *name(s) of agent(s)*

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

(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, 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.



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(j) SIGNATURE AND ACKNOWLEDGMENT:

Signature of Principal	Date
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Principal's signature must be acknowledged by a Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,
(Print Applicant's Name)
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 they executed the same in their capacity, and that by their signature on the instrument, the individual,
or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____

Affix Stamp (include expiration date)

Principal – Sign THIS PAGE in the presence of a Notary Public.



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(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 the principal or at their direction. I also acknowledge that the principal has stated that this instrument reflects their wishes and that they have 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.



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(I) 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.



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(m) 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
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Agent's signature must be acknowledged by a Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,
(Print Applicant's Name)
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 they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____ **Affix Stamp (include expiration date)**

Signature of Agent - 2	Date
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Agent's signature must be acknowledged by a Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,
(Print Applicant's Name)
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 they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____ **Affix Stamp (include expiration date)**

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



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(n) 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
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Agent's signature must be acknowledged by a Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,
(Print Applicant's Name)
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 they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____ **Affix Stamp (include expiration date)**

Signature of SUCCESSOR Agent - 2	Date
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Agent's signature must be acknowledged by a Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,
(Print Applicant's Name)
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 they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____ **Affix Stamp (include expiration date)**

(o) This document prepared by: _____

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