

## 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 Limited Durable Power of Attorney (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 the Retirement Services Division (RSD). **This two page document must be signed, dated, witnessed and notarized where indicated.**

1. This LDPOA gives the person you designate the power to make any and all decisions for your SERS related matters on your behalf. The RSD is providing this instrument to its SERS members as a matter of courtesy. Due to the significance of this document RSD *strongly recommends* that you seek legal advice before signing this document.
2. This LDPOA remains in effect until the earliest of the following occurs: (a) your death; (b) your Attorney-In-Fact relinquishes his/her duties or a court acting on your behalf terminates such authority; (c) you revoke this LDPOA by written notification to RSD. This LDPOA may not be amended.
3. If your Attorney-In-Fact is your spouse, RSD 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 will continue in full force and effect despite any incapacity or disability you may suffer after execution. However, it is limited to pre-retirement transactions. If you wish it to continue post-retirement, you must execute another LDPOA for post-retirement transactions.
5. With the exception of a spouse, the Attorney-In-Fact listed on the LDPOA 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 Name	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 Name	M.I.	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 execute both pages of this LDPOA form and submit to your employing agency.

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I hereby give \_\_\_\_\_ (name of 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 represent me in the following pre-retirement plan transactions on my behalf with SERS to the extent that I could do myself as a member of SERS. My Attorney-In-Fact shall be authorized to do the following with regard to my SERS pension benefits (initial 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 Attorney-In-Fact) 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 the State of Connecticut 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 Witnesses:** I declare that the Principal has identified himself or herself to me, that the Principal signed or acknowledged this LDPOA 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.

1. Witness Signature: \_\_\_\_\_

2. Witness Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Date signed: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Acknowledgement:** 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 LDPOA for the purposes herein stated.

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signature of Notary Public or Commissioner of the Superior Court: \_\_\_\_\_

State:

Town:

My commission expires

SEAL HERE