



New York State Teachers' Retirement System

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Web Site: www.nystrs.org

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The following is the Public Retirement System Special Power of Attorney. **The System makes this form available merely as a convenience, and assumes no responsibility with regard to your use of the form.**

By executing this special power of attorney, you name an agent to act on your behalf with respect to your retirement benefit transactions at NYSTRS. This is a durable power of attorney. Under a durable power of attorney, the agent can act for you even if you become legally incapacitated.

The use of this special power of attorney is a personal decision that should be based upon your particular needs and objectives. Due to the high degree of control vested by the durable power of attorney in the person named to act on your behalf, only a trusted person should be named.

This special durable power of attorney is a powerful document. Once you appoint someone as your power of attorney, that person may act on your behalf with or without your consent. Because it is a powerful document, we strongly urge you to consult with an attorney before you execute it.

Please do not hesitate to contact the System if you have any questions.

NEW YORK PUBLIC EMPLOYEE RETIREMENT SYSTEM

SPECIAL DURABLE POWER OF ATTORNEY

PREAMBLE: 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 Retirement Systems as a convenience to the members of the applicable retirement system. This form is limited to retirement benefit transactions and **does not apply** to any other matters.

(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 any retirement benefit transactions with respect to an interest in a benefit provided by a public retirement system of the state as defined in §501 (23) of the Retirement and Social Security Law, which includes:

- The New York State Employees' Retirement System
- The New York State Policemen's and Firemen's 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.

(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 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 named 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 the appropriate retirement system where your account is located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. 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: _____
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) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If every 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)

SUCCESSOR AGENTS DESIGNATED ABOVE MUST ACT TOGETHER UNLESS YOU INITIAL THE STATEMENT BELOW.

() My successor agents may act SEPARATELY.

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

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

If you ARE revoking any prior Powers of Attorney, and you are granting, or have granted, the same authority in one or more of the Powers of Attorney, you must also indicate under "Modifications" whether the agents given these powers are to act together or separately.

(g) GRANT OF AUTHORITY:

() 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 as defined in Section 501(23) of the Retirement and Social Security Law. This specific authority shall include the ability to: make investment directions; to select and change payment options; to designate a beneficiary or beneficiaries 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 to 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.

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

(i) 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.

(j) 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.

(k) SIGNATURE AND ACKNOWLEDGMENT:

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

PRINCIPAL signs here: ==> _____

(ACKNOWLEDGMENT)

State of New York)
) ss:

County of)

On theday ofin the yearbefore 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

(I) 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 major gifts.

Signature of witness 1

Signature of witness 2

Date

Date

Print name

Print name

Address

Address

City, State, Zip code

City, State, Zip code

(m) 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 manner: (Principal's Name) by (Your Signature) as Agent; or (Your Signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself unless permitted by law or in accordance with this Special Power of Attorney. You may not designate yourself as a beneficiary of the principal's retirement benefit unless you are the spouse, domestic partner, parent, or child, of the principal and have been granted such authority acting as agent under this Special 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, successor agent, monitor (if one has been named in this document), 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.

(n) 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 agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here:==> _____

(ACKNOWLEDGMENT(S))

State of New York)
) ss:

County of)

On theday ofin the yearbefore 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

(o) This document prepared by: _____