

Power of Attorney

How is this important to you?



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Disclaimer



This presentation is for informational purposes only and it is not intended as legal advice. For specific advice regarding your personal legal and/or financial circumstances, or for assistance in completing an outside Power of Attorney document, you may wish to consult an attorney.

What is a Power of Attorney?



- Legal instrument used to delegate legal authority to another individual to act on your behalf
- Person you delegate authority to make inquiries or decisions on your behalf is called an Attorney-In-Fact (AIF)
- Attorney-In-Fact (AIF) should be a trusted individual (i.e., spouse, son/daughter, sibling, or friend) who is willing and able to act in your best interests
- Special Durable Power of Attorney Form is created by the LACERA legal department and available at no cost
- Outside Power of Attorney documents may be accepted upon review by our Legal Department

Note: LACERA POA form allows the AIF to make decisions regarding LACERA transactions only. The LACERA POA form is not accepted by outside financial institutions.

Reasons to submit a POA



- **POA document/form is designed to help manage member's LACERA retirement account out of convenience or in the event the member is incapacitated due to illness or injury**
- **Completing a POA is less costly and much easier to execute than a court appointed Conservatorship**
- **Allows Attorney In Fact (AIF) to make decisions and complete paperwork for the member pre-retirement and post-retirement**
- **Allows AIF to meet and speak with LACERA retirement benefits specialists regarding member's benefits**

Requirements



- **Member must be of sound mind when signing POA**
- **Attorney-in-fact must be over the age of 18, and may or may not be related to you**
- **Attorney-in-fact cannot personally benefit from their actions, unless explicitly stated**
- **POA may grant an AIF the ability to take actions immediately upon approval of POA by LACERA or may limit AIF to take action only if and when member becomes incapacitated (Durable)**
- **Submit completed POA forms/documents in advance of incapacity to LACERA for Legal review is strongly encouraged**

Authorities Granted to an AIF



POA on file may grant an AIF general authority to receive information only and/or take the same actions that a member would, including, but not limited to, the following:

- ☐ **Elect a retirement option***
- ☐ **Designate beneficiaries**
- ☐ **Designate themselves for benefits**
- ☐ **Designate a bank account for direct deposit / Endorse Checks**
- ☐ **Update Address**
- ☐ **Elect healthcare insurance plans and designate dependents under those plans**
- ☐ **Withdraw LACERA contributions**

Note: For member retirement elections by an AIF, LACERA must receive the retirement election letter signed by AIF prior to the member passing away.

Effective and Termination Dates



- POA becomes effective once LACERA receives, reviews, and approves the POA document/form
- Member may still take care of his/her own retirement affairs while member is mentally competent and physically able to do so
- POA may be terminated or updated by member in writing or submitting a revised POA at any time
- POA may terminate when member is deemed incapacitated
- **POA terminates automatically upon the death of the member**

LACERA POA form versus Outside POA



- LACERA offers a POA form created by LACERA Legal Team
- Outside POA may be accepted after LACERA Legal Team reviews

LACERA POA Form

- Form created by LACERA Legal Staff
- Actions limited to LACERA business only
- Actions allowed are very specific to LACERA benefits

Outside POA

- Document created by Third Party Attorney or Legal Specialist
- Actions may apply to LACERA and other financial institution business
- Actions allowed may be general and not tailored to LACERA benefits

LACERA POA Form



LACERA SPECIAL DURABLE POWER OF ATTORNEY FORM

About This Form

A Power of Attorney is a legal instrument used to delegate legal authority to another. By executing a Power of Attorney, you give legal authority to a representative you designate (called an Attorney-In-Fact) to make property, financial, and other legal decisions on your behalf.

The **LACERA Special Durable Power of Attorney** form is a legal document, executed by a member, which designates another person to act on the member's behalf with regard to *retirement matters only*, including retiree healthcare plan options.

Before completing and returning this form, please read the **LACERA Special Durable Power of Attorney Guide** and the **Instructions for Completing the LACERA Special Durable Power of Attorney**.

LACERA POA Form – Page 1



Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 626/564-6132 • 800/786-6464

SPECIAL DURABLE POWER OF ATTORNEY

This document allows you to officially appoint another person of your choice to act as your Attorney-In-Fact to transact matters relating to your Los Angeles County Employees Retirement Association (LACERA) benefits. It authorizes the person you designate (the "Attorney-In-Fact") to handle such matters with the same rights and privileges that you (the "Principal") have, except as specifically limited in this document. This document is effective immediately upon acceptance by LACERA, unless you indicate otherwise in Section 5, and creates a Special Durable Power of Attorney that continues if you, the Principal, become incapacitated or unable to handle your affairs, except as specifically limited.

Before you complete the form, read the instructions in detail and review the form in full. If you have any questions, consult with an attorney.

SECTION 1: CREATION OF SPECIAL DURABLE POWER OF ATTORNEY FOR BENEFIT-RELATED DECISIONS

Your Name (Principal)		Employee Number or Social Security Number	
Address		City	State
			Zip
Telephone		Email	

By this document, I intend to and do create a Special Durable Power of Attorney by appointing the person named below to make benefit-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits from LACERA.

SECTION 2: APPOINTMENT OF ATTORNEY-IN-FACT (REQUIRED)

You must attach a legible copy of a state or federal identification for the Attorney-In-Fact. The form of identification provided must include the Attorney-In-Fact's signature and photo.

Attorney-In-Fact (Required)

Name of Attorney-In-Fact		Relationship to Principal	
Address		City	State
			Zip
Telephone		Email	

SECTION 3: APPOINTMENT OF ALTERNATE ATTORNEY-IN-FACT (OPTIONAL)

You have the option to appoint an Alternate Attorney-In-Fact. You do not have to fill out this section if you do not want an Alternate. Your Alternate will only be able to act if your Attorney-In-Fact appointed in Section 2 is unwilling or unavailable due to absence, illness, or other temporary incapacity. If an Alternate is appointed, the Alternate will have the same powers granted to your Attorney-In-Fact.

You must attach a legible copy of a state or federal identification for the Alternate Attorney-In-Fact. The form of identification provided must include the Attorney-In-Fact's signature and photo.

Alternate Attorney-In-Fact (Optional)

Name of Alternate Attorney-In-Fact		Relationship to Principal	
Address		City	State
			Zip
Telephone		Email	



**Section 1: Member
Personal Information**

**Section 2: Primary
Attorney In Fact
Personal Information
(Copy of ID Required)**

**Section 3: Alternate
Attorney In Fact
Personal Information
(Copy of ID Required)**

LACERA POA Form – Page 2



Section 4: Number 1 Grants AIF **General Authority** on LACERA matters except for authorities listed under Number 2.

Section 4: Complete Number 2 to Grant AIF **Specific Authority**.

Member must Initial Next to Each Specific Authority member would like to Grant to AIF(s)

Section 5: Can only Select One Option. Leave Blank, Initial #1 Or Initial #2.

If #1 and #2 are initialized, POA form will be rejected.

Section 5: If Left Blank, AIF has immediate authority granted from Section 4.

Your Name (Principal)	Employee Number or Social Security Number
SECTION 4: STATEMENT OF AUTHORITY GRANTED	
<p>1. I hereby grant to my Attorney-In-Fact full power and authority to transact all matters relating to my LACERA benefits, subject to the limitations in paragraph 2 below, including all matters relating to retirement, retiree healthcare plan choices, and other benefits for which I may be eligible in accordance with LACERA plan terms. I further grant to my Attorney-In-Fact full power and authority to perform every act necessary and proper in the furtherance of any such matters as I could do if personally present, with the understanding that this authority will be used for my benefit and exercised only in a fiduciary capacity. I understand that this authority is granted to my Attorney-In-Fact even if that person is related to me by blood, marriage, or legal domestic partnership.</p> <p>2. Notwithstanding the authority granted in paragraph 1 above, my Attorney-In-Fact may not conduct any of the following transactions unless specifically authorized in this paragraph. If authority for any of these options is not specifically granted, the Attorney-In-Fact will not have authority for that option.</p> <p>By initialing next to any of the following options, it is my intention that the Attorney-In-Fact has the specific authority to carry out each such option, so long as such option is allowed under the LACERA plan terms:</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to select any benefit option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to designate himself or herself as my beneficiary.</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to designate or change my beneficiary.</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to designate a bank account to receive an electronic transfer of retirement funds.</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to submit a change of address form.</p> <p><input type="checkbox"/> My Attorney-In-Fact is authorized to withdraw my contributions and interest.</p>	
SECTION 5: DURATION OF SPECIAL DURABLE POWER OF ATTORNEY	
<p>Unless I indicate otherwise below, this LACERA Special Durable Power of Attorney is effective immediately and will continue in effect for my lifetime or until I specifically revoke it, even in the event that I become incapacitated. My Attorney-In-Fact is hereby instructed to notify LACERA in writing of my disability, incapacity, or death immediately upon its occurrence.</p> <p>I wish to limit the authority given in this section by initialing next to and completing one of the following options:</p> <p><input type="checkbox"/> 1. This Power of Attorney is contingent and will commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by:</p> <p>_____ Name or Title of Person to Make This Determination</p> <p><input type="checkbox"/> 2. This Power of Attorney is to terminate in its entirety if I become incapacitated and/or unable to manage my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by:</p> <p>_____ Name or Title of Person to Make This Determination</p>	

Section 5: If #1 is initialized, then POA is only in effect once member is deemed incapacitated by designated person (Springing POA)

Section 5: If #2 is initialized, then POA is terminated once member is deemed incapacitated by designated person

LACERA POA Form – Page 3



Your Name (Principal)	Employee Number or Social Security Number
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<p>SECTION 6: NOTICE TO PERSON EXECUTING SPECIAL DURABLE POWER OF ATTORNEY</p> <p>The authority granted by this LACERA Special Durable Power of Attorney is limited to matters relating to your benefits as a member of LACERA, including retirement, health, and other benefits for which you may be eligible. The person designated as your Attorney-In-Fact under this document does not have any authority over your other real or personal property. If you wish your Attorney-In-Fact to have authority over your real and/or personal property, it is recommended that you seek legal counsel.</p> <p>You may notice that the language contained in the following warning statement refers to broader authority than granted by this LACERA Special Durable Power of Attorney. This warning statement is required by Probate Code section 4128 and must be included in all preprinted Durable Power of Attorney forms, even though the LACERA Special Durable Power of Attorney does not authorize your Attorney-In-Fact to do many of the things mentioned in the following warning statement. If you are concerned about the warning statement or the extent of the authority being granted by the LACERA Special Durable Power of Attorney, please consult an attorney.</p> <p>Warning Statement: Notice to Person Executing Durable Power of Attorney</p> <p>A Durable Power of Attorney is an important legal document. By signing the Durable Power of Attorney, you are authorizing another person to act for you, the Principal. Before you sign this Durable Power of Attorney, you should know these important facts:</p> <ul style="list-style-type: none">• Your Attorney-In-Fact has no duty to act unless you and your Attorney-In-Fact agree otherwise in writing.• This document gives your Attorney-In-Fact the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your Attorney-In-Fact borrows money on your behalf. This document does not give your Attorney-In-Fact the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the Attorney-In-Fact to accept or receive a gift.• Your Attorney-In-Fact will have the right to receive reasonable payment for services provided under this Durable Power of Attorney unless you provide otherwise in this Power of Attorney.• The powers you give your Attorney-In-Fact will continue to exist for your entire lifetime, unless you state that the Durable Power of Attorney will last for a shorter period of time or unless you otherwise terminate the Durable Power of Attorney. The powers you give your Attorney-In-Fact in this Durable Power of Attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.• You can amend or change this Durable Power of Attorney only by executing a new Durable Power of Attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this Durable Power of Attorney at any time, so long as you are competent.• This Durable Power of Attorney must be dated and must be acknowledged before a Notary Public or signed by two witnesses. If it is signed by two witnesses, they must witness either 1) the signing of the Power of Attorney or 2) the Principal's signing or acknowledgment of his or her signature. A Durable Power of Attorney that may affect real property should be acknowledged before a Notary Public so that it may easily be recorded.• You should read this Durable Power of Attorney very carefully. When effective, this Durable Power of Attorney will give your Attorney-In-Fact the right to deal with property that you now have or might acquire in the future. The Durable Power of Attorney is important to you. If you do not understand the Durable Power of Attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.
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LACERA POA Form – Page 4



Your Name (Principal)		Employee Number or Social Security Number	
SECTION 7: ACKNOWLEDGMENT AND SIGNATURE OF PRINCIPAL			
<p>I confirm that I have received, read, and understood the instructions provided with this Power of Attorney form. I further confirm that I have read and understood this entire Power of Attorney form.</p> <p>I am of sound mind and have consulted with an attorney or otherwise understand my elections. I am executing this legal document under my own free will. I agree that any third party who receives a copy of this document may act under it. Revocation of the Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation.</p>			
Print Name		Date	
Signature			
SECTION 8: NOTICE TO PERSON(S) ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT			
<p>By acting or agreeing to act as the Attorney-In-Fact or Alternate Attorney-In-Fact under this Power of Attorney, you assume the fiduciary and other legal responsibilities of an Attorney-In-Fact. These responsibilities include:</p> <ol style="list-style-type: none">1. The legal duty to act solely in the interest of the Principal and to avoid conflicts of interest.2. The legal duty to keep the Principal's property separate and distinct from any other property owned or controlled by you. <p>You may not transfer the Principal's property to yourself without full and adequate consideration or accept a gift of the Principal's property unless this Power of Attorney specifically authorizes you to transfer the Principal's property to yourself. If you transfer the Principal's property to yourself without specific authorization in the Power of Attorney, you may be prosecuted for fraud and/or embezzlement. If the Principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code section 368. In addition to criminal prosecution, you may also be sued in civil court.</p> <p>I have read the foregoing notice, and I understand and accept the legal and fiduciary duties that I assume by acting or agreeing to act as the Attorney-In-Fact or Alternate Attorney-In-Fact under the terms of this Power of Attorney.</p>			
First Attorney-In-Fact (Required)			
Print Name		Date	
Signature			
Alternate Attorney-In-Fact (If Appointed in Section 3)			
Print Name		Date	
Signature			

Section 7: Member Prints Name and Signs and Date

MUST SIGN IN FRONT OF NOTARY OR TWO WITNESSES

Section 8: First AIF and Alternate AIF Prints Name and Signs and Date

DOES NOT NEED TO BE SIGNED IN FRONT OF NOTARY OR TWO WITNESS

LACERA POA Form – Page 5



Your Name (Principal)		Employee Number or Social Security Number	
SECTION 9: SIGNATURES OF TWO WITNESSES			
⇒ This section does not need to be completed if you are using a Notary Public.			
⇒ You, your Attorney-In-Fact, and Alternate Attorney-In-Fact may not act as a witness.			
I have witnessed the Principal's signature in Section 7, or the Principal's acknowledgment of the signature designating Power of Attorney. I am an adult, at least 18 years old, and not the Attorney-In-Fact. My signature certifies that the Principal is known to me, and is the same person who signed and dated this affidavit.			
First Witness			
Printed Name of First Witness		Telephone	
Address	City	State	Zip
Signature of First Witness		Date	
Second Witness			
Printed Name of Second Witness		Telephone	
Address	City	State	Zip
Signature of Second Witness		Date	
SECTION 10: ACKNOWLEDGMENT OF NOTARY PUBLIC			
⇒ This section does not need to be completed if your two witnesses completed Section 9.			
⇒ Notaries outside of California, attach certificate for your state.			
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or the validity of that document.			
Notary			
State		County	
On	before me	personally appeared	
Date (mm/dd/yyyy)	Printed Name of Notary Public		
Name of Principal			
to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under <i>Penalty of Perjury</i> under the laws of the State of California that the foregoing paragraph is true and correct.			
Witness my hand and official seal.			
Signature of Notary Public		Notary Seal	
Print Name			

Complete Section 9 **OR** 10

Section 9: Must have Two Witnesses above the age of 18 complete ALL Fields and Sign and Date.

Witnesses cannot be an AIF.

Witness Dates must match the Dates Member signed POA document.

Section 10: Notary completes.

If notary is outside the state of CA, notary must attach his/her state's Notary Acknowledgment Form

LACERA POA Form Requirements



CHECKLIST FOR LACERA'S SPECIAL DURABLE POWER OF ATTORNEY

- ☐ I am of sound mind and acting of my own free will.
- ☐ My Attorney-In-Fact is at least 18 years old.
- ☐ I have included valid identification of my Attorney-In-Fact.
- ☐ I have initialed the specific options to which I authorize my Attorney-In-Fact.
- ☐ I have carefully read the Warning Statement.
- ☐ I have signed and dated the Power of Attorney.
- ☐ My Attorney-In-Fact has signed and dated the Power of Attorney.
- ☐ Two people who are at least 18 have witnessed my signature, or a Notary Public has acknowledged my signature.

**MUST INCLUDE
PHOTOCOPY OF VALID
STATE OR FEDERAL ID OF
ATTORNEY-IN- FACT (AIF)**

**EXAMPLES: DRIVER'S
LICENSE OR PASSPORT**

Ways to submit a POA



- Copies of completed POA forms and AIF IDs are accepted
- Upload copy Completed Form and AIF IDs to the MyLACERA Portal
- Fax: 626-564-6155
- Document Drop Off at LACERA Drop Slot near the main entrance at:

300 N. Lake Ave. Pasadena, CA 91101

- Mail to: **LACERA**
PO BOX 7060
Pasadena, CA 91109-7060

**Submitting POA form/document for
LACERA Legal Review/Acceptance for
POA to be on file in advance of incapacity
is strongly encouraged**

Stay Connected



Website: www.lacera.com

Requirements to Register: Current LA County Payroll Stub

Sign in to

My LACERA

Click on My LACERA from lacera.com!

Features available:

- Access your personal information
- Calculate your retirement estimate
- Update your contact information
- Use secure message center
- Update your beneficiary
- Upload documents
- And more!



Poll Questions



How to contact LACERA?



- By Phone - 800-786-6464 - Monday- Friday 7:00am – 5:30pm (PST)
- By Fax - 626-564-6155
- In Person - By Appointment only
No Walk-In Counseling
- Virtual Appointments Available
- Secure document drop off slot outside the building
300 N. Lake Avenue, Pasadena, CA 91101
- By Email – welcome@lacera.com
- My LACERA – Send Secure Messages
- Website – www.lacera.com





**Thank you for coming to learn more
about your LACERA benefits!**

