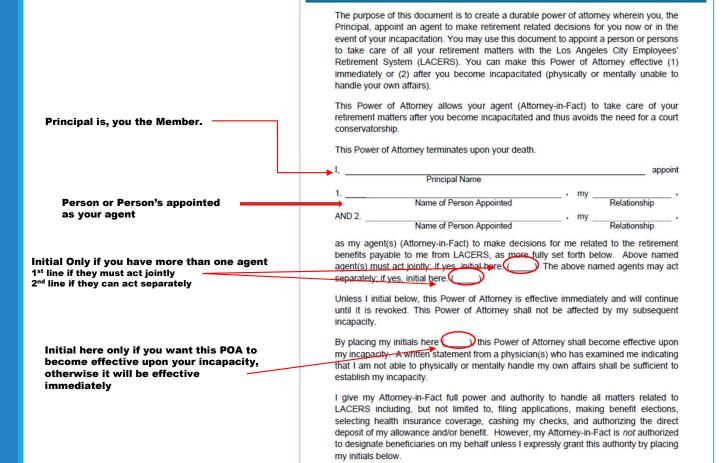
The LACERS Special Duraple Power of Attorney (POA) is a seven (7) page document.

### Page 1

- Principal The Member, who is authorizing this document.
- Agent(s) or Attorney-in-Fact The person or persons you are appointing as your agent, and their relationship to you.
- Act Jointly All decisions must be made by all agents together
- Act Separately Either agent can make a decision without the consent of the other.
- Effective Immediately or Upon Incapacity Incapacity is proven with at least one physicians note to LACERS



LACERS SPECIAL DURABLE POWER OF ATTORNEY

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## Page 2

- If given authority, your agent or Attorney-in-Fact can designate beneficiaries on your behalf as well as designate themselves as beneficiary
- A section to provide special instructions regarding the duration of your POA, number of physicians notes required for incapacity, etc.
- Successors are next in line to become your agent in the event that your primary agent is unwilling or unable to act in the capacity of your Attorney-in-Fact.
- Initial everywhere where indicated acknowledging the information and statements on that page.

## DO NOT INITIAL BELOW UNLESS YOU WANT YOUR AGENT TO HAVE THESE POWERS By placing my initials here(( )) authorize my Attorney-in-Fact to designate Your agent can designate beneficiaries beneficiaries on my behalf, but my Attorney-in-Fact may not designate himself or herself as my beneficiary unless I also place my initials here Your agent can designate themselves as a beneficiary On the following lines, you may give special instructions regarding the duration of this document or the limits or the extent of the powers granted your Attorney-in-Fact relating to your LACERS benefits. Any special instructions you would like to add to your POA I further give my Attorney-in-Fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof. I designate the following person(s), in the order listed, as my successor Attorneys-in-Fact to act in the event the Attorney-in-Fact listed above is unable or unwilling to act in that capacity: Relationship If your agent is unable or Street Address City, State, Zip unwilling to act in their capacity as agent, the successors take Phone their place Name of Second Successor Relationship Street Address City, State, Zip Phone I agree once LACERS receives a copy of this document, revocation of this Power of Attorney is not effective as to LACERS until LACERS has actual written notification of the revocation. I agree to indemnify LACERS for any claims that arise against LACERS because of reliance on this Power of Attorney. Principal initial here: LACERS POA (S) May 2019 Page 2 of 7

## Pages 3 and 4

- These pages contains language required by California Probate Code Section 4128
- You are required to read the pages carefully prior to signing your POA and placing your initials on Page 4.
- If you do not understand the power of attorney or any provisions of it, you should obtain the assistance of an attorney.
- Initial as indicated acknowledging the information and statements on the page.

### ADVISORY STATEMENT

The authority granted by this LACERS Special Durable Power of Attorney form is limited to LACERS matters. This document does not give the person designated on this form as your Attorney-in-fact any authority over your other real or personal property. The language contained in the "Notice to Person Executing Durable Power of Attorney (Warning) refers to more extensive authority. This notice and the "Notice to Person Accepting the Appointment as Attorney-in-Fact" are required by California Probate Code Section 4128 to be included in all preprinted durable Power of Attorney forms. If you want your Attorney-in-Fact's authority to be extended over real and/or personal property matters, or if you are concerned with the information contained in these notices or the extent of authority granted by this form, it is recommended that you seek legal counsel as you may want to consider filling out a different Power of Attorney.

### NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY (Warning)

A durable power of attorney is an important legal document. By signing this 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:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and
  convey your real and personal property, and to use your property as security if
  your agent borrows money on your behalf. This document does not give your
  agent the power to accept or receive any of your property, in trust or otherwise, as
  a ciff, unless you specifically authorize the agent to accept or receive a ciff.
- Your agent 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 agent 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 agent 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

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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 carefully. When effective, this
durable power of attorney will give your agent 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.



This space intentionally left blank

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## Page 5

- Information for the agent (Attorney-in-Fact) to read carefully, and sign in agreement.
- Agent's personal information and signature must be filled out in this section, along with a copy of a valid government issued photo identification.
- Principal must initial as indicated acknowledging the information and statements on the page.

Agent(s) personal information and signature required. Acknowledging and agreeing to above statements

### NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT

By acting or agreeing to act as the agent (Attorney-in-Fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
- The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

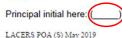
You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's 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.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (Attorney-in-Fact) under the terms of this power of attorney.

In addition to the duties set forth above, I agree to immediately notify LACERS in writing of the principal's death.

Date:	
Signature of Agent 1	Print Name
Street Address, City, State, and Zip Code	Phone Number
Date:	
Signature of Agent 2	Print Name
Street Address, City, State, and Zip Code	Phone Number

Please attach a copy of a valid government issued photo identification for each agent.



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## Page 6

- Principal (Member) must sign this page, acknowledging their understanding of the powers granted by this POA, thereby executing it.
- Do not sign until you are in front of your witnesses or notary.
- Bottom half of the page is solely for the use of the Notary Public

Member's signature and information goes in this space.

**DO NOT** sign until in presence of witnesses or Notary Public.

This space is left for the use of the Notary Public.

Do Not fill out.

If having document witnessed go to page 7

### Principal's Acknowledgement and Execution

I understand and acknowledge the power granted by this Special Durable Power of Attorney is
limited to decisions relating to my benefits as a member of LACERS.

executed in the County of	State of	,
Dated:	0/	( Dala alaa)
	Signat	ure of Principal
Street Address of Principal	City, State, Zip	Phone

This durable Power of Attorney must be:

- Dated and signed by the principal (or signed in the principal's name by another adult in the principal's presence and at the principal's direction, and
- Acknowledged before a notary public or witnessed by at least two adults. Please choose one method, but not both.

## ACKNOWLEDGEMENT OF NOTARY PUBLIC (Not required if signature is witnessed by the two adults below.)

١	A notary public	or othe	r office	r compl	eting this	certi	ficate	verifie	s on	ly the	identit	y of	the
١	individual who	signed	the do	cument	to which	this	certif	icate	s at	tached	, and	not	the
	truthfulness, ac						- Louis Lavier	570 A. D. C. S.					

State of	County of	
On	, before me,	d Z
Personally appeared		

personally known to me (or proved to me on the basis of satisfactory evidence) to be 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 instruments the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my Hand and Official Se	al	Seal
Signature of Notary Public:		
My commission expires:	Data	
	Date	

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## Page 7

- This page is solely for the use of the two witnesses.
- If document is being notarized, this page can be left blank.
- Witnesses must be adults at least
   18 years of age and cannot be the agents or the successors.
- Please include a copy of a valid government issued photo identification for each witness.

### SIGNATURES OF TWO ADULT WITNESSES (Not required if signature is notarized.)

The Attorney-in-Fact cannot be a witness. The witnesses must be at least 18 years old.

By signing below, I certify that I am at least 18 years old, that I am not the Attorney-in-Fact and that I have witnessed the principal's signing of this Power of Attorney or the principal's acknowledgement of the signature on the Power of Attorney:

. Witness Signature	Doint Name
Witness Signature	Print Name
Street Address, City	, State, and Zip Code
Witness Relation	onship to Principal
Witness Signature	Print Name
Street Address, Cit	y, State and Zip Code
Witness Relation	onship to Principal
Please attach a copy of a valid governm vitness.*	ent issued photo identification for each

\*Identification not applicable if witnessed by LACERS staff.

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