How to Complete F204 - Power of Attorney



All Tiers August 2021



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NYCERS USE ONLY	F204		

New York Public Employee 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. If you have any questions regarding this form, please contact NYCERS' Call Center at (347) 643-3000.

To validly execute the document:

- You must sign on page 3 in the presence of a notary, who must complete the acknowledgment; and
- You must sign in the presence of two (2) disinterested witnesses (one of whom may be the notary). These witnesses must also sign and provide their information on page 4; and
- Your agent(s) must sign on page 5 in the presence of a notary, who must complete the acknowledgment.
- If you have more than one primary agent and 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."
- If you have more than one successor agent and intend 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."

Member Number	OR	Pension Number	Last 4 Digits of SSN		Daytir	ne Phone Number			
							()	
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 the authority to designate themselves as your beneficiary, you must grant such power by initialing one of the statements in Section (g), "MODIFICATIONS."

A public retirement system for the purposes of this form shall include:

- 1. The New York State and Local Employees' Retirement System
- 2. The New York State and Local Police and Fire Retirement System
- 3. The New York State Teachers' Retirement System
- 4. The New York City Employees' Retirement System
- 5. The New York City Teachers' Retirement System
- 6. The New York City Police Pension Fund
- 7. The New York City Fire Department Pension Fund
- 8. 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," referred to herein as "agent" or "agents" where applicable to both PRIMARY and SUCCESSOR agents) 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" 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.

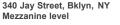
R06/21 PRINCIPAL - Sign this form and have it notarized, Page 3

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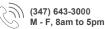














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Member Number Pension Number Last 4 Digits of SSN

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.nysenate.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)

If you have more than one PRIMARY agent and would like them to be able to act SEPARATELY, you MUST initial here.

as my PRIMARY agent(s).

Name(s) and Address(es) of Agent(s)

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.

- d. This SPECIAL POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise on page 3. under "MODIFICATIONS."
- e. This SPECIAL POWER OF ATTORNEY DOES NOT REVOKE any prior Power of Attorney previously executed by me unless I have stated otherwise on page 3, under "MODIFICATIONS."

If you do NOT intend to revoke your prior Power 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 "MODIFICATIONS" that the agents with the same authority are to act together.

If you have more than one SUCCESSOR agent and would like them to be able to act SEPARATELY, you MUST initial here.

nwilling to serve, I appoint as my SUCCESSOR agent(s):

Name(s) and Address(es) of Successor Agent(s)

If you designate more than one agent above, they must act together unless you INITIAL the statement below.

My SUCCESSOR agents may act SEPARATELY.

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:

- 1. Prepare, execute, deliver, submit and/or file any document or instrument;
- 2. Make investment directions;
- 3. Select and change payment options;
- 4. Make deposits and change direct deposit instructions for jointly held accounts;

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Mezzanine level

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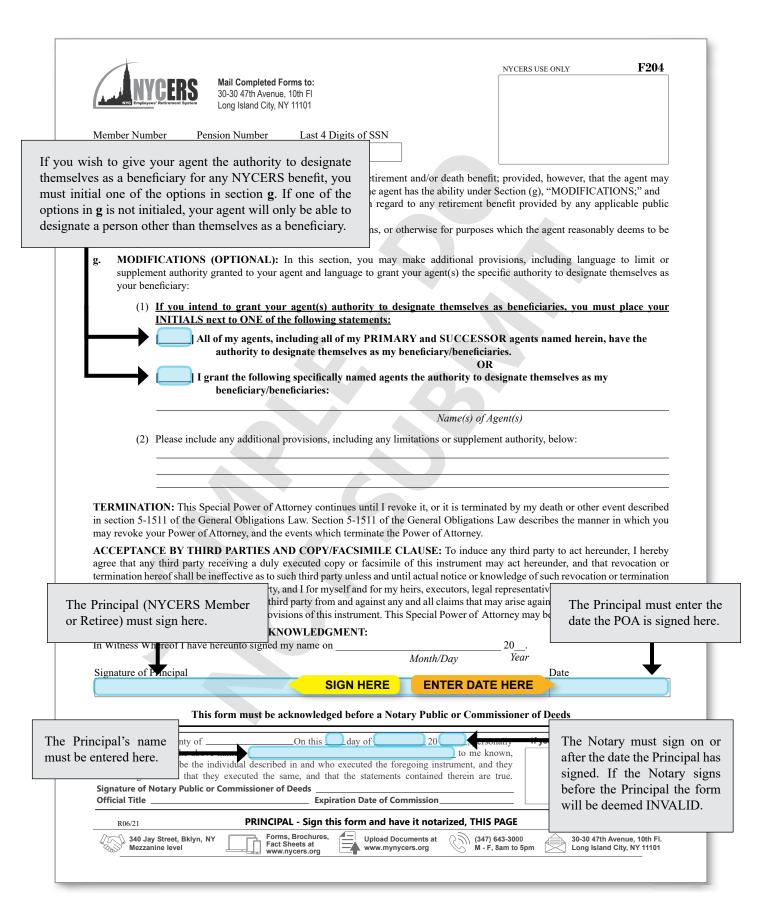
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SIGNATURES OF WITNESSES: By signing as a witness, I acknowledge that the principal signed this instrument in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by them 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 rve as one of the witnesses.

IMPORTANT INFORMATION FOR THE AGENT: When you accept the authority granted under this Power of Attorney, a

special legal relationship is created continue until you resign or the Po

- 1. Act according to any instruction
- 2. Avoid conflicts that would imp
- 3. Keep the principal's property s
- Keep a record of all receipts, p
- Disclose your identity as an ag your own name as "agent" in e (Principal's Name

(Your Signature) a

Two witnesses ARE REQUIRED. One may be the Notary. The agent CANNOT sign as a witness. If the agent signs as a witness or two witnesses are not entered here, this form will be deemed INVALID.

poses on you legal responsibilities that

ons, in the principal's best interest;

ol, unless otherwise permitted by law; and

rinting the principal's name and signing

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 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.

PRINCIPAL - Sign this form on Page 3 and have it notarized; WITNESSES - Sign this form, THIS PAGE Page 4 of 6 R06/21







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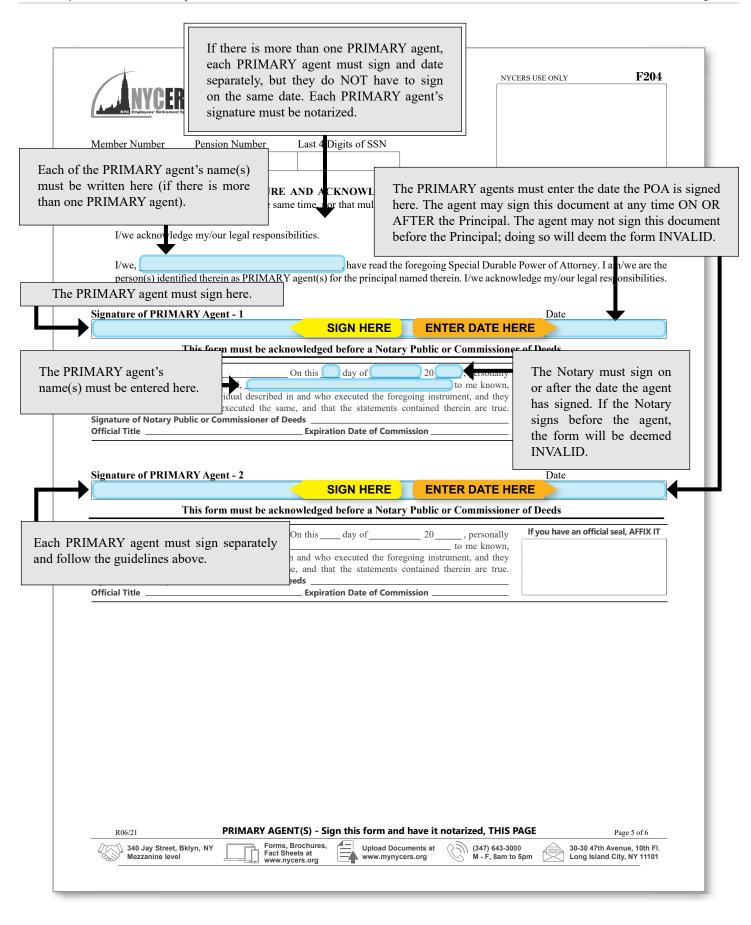


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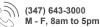




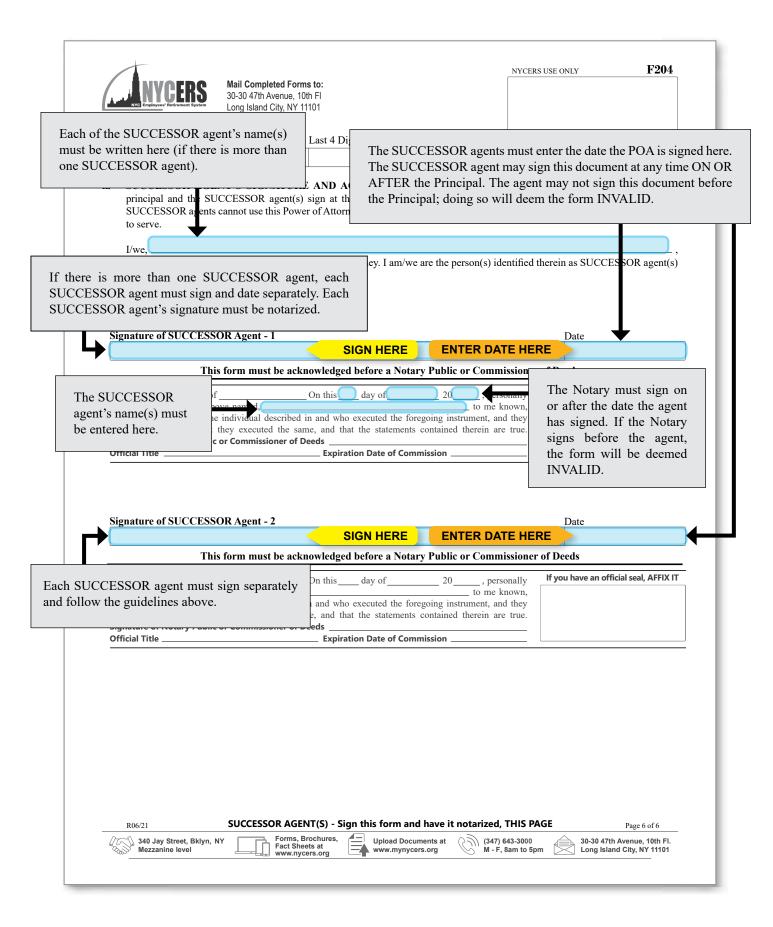












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