Special Power of Attorney (POA) for PERS

 **Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | MI | Last name | Social Security number\* |
| Mailing address (street or PO box) | PERS ID (optional) |
| City | State | Zip code | Country | Date of birth (mm-dd-yyyy) |
| Day phone number | Work phone number | Cell phone number | Personal email |
| This document gives the person(s) you designate the power to make any and all decisions for PERS-relatedmatters on your behalf. This Power of Attorney takes effect on the date signed and supersedes any other POA on file with PERS. It remains in effect until: 1) PERS or the attorney(s)-in-fact has/have actual knowledge of your death, 2) you revoke the power of attorney, 3) your attorney-in-fact relinquishes his/her duties and position, or 4) a power of attorney with a later date is received and accepted from you. |
| **Section B: Attorney-in-fact information** |

**If multiple attorney(s)-in-fact, check one:** q Either may sign or q Both must sign

**Attorney-in-fact Co-attorney-in-fact**

|  |
| --- |
| Name |
| Mailing address (street or PO box) |
| City | State | Zip code |
|  |  |  |
| **Attorney-in-fact signature (do not print)** | **Date** |

|  |
| --- |
| Name |
| Mailing address (street or PO box) |
| City | State | Zip code |
|  |  |
| **Co-Attorney-in-fact signature (do not print) Date** |

**1st alternate attorney-in-fact 2nd alternate attorney-in-fact**

|  |
| --- |
| Name |
| Mailing address (street or PO box) |
| City | State | Zip code |
|  |  |  |
| **1st alternate attorney-in-fact signature (do not print)** | **Date** |

|  |
| --- |
| Name |
| Mailing address (street or PO box) |
| City | State | Zip code |
|  |  |
| **2nd alternate attorney-in-fact signature (do not print) Date** |

I, (name of account holder), grant the above named attorney(s)-in-fact

power and authority to act on my behalf in all matters associated with my Oregon Public Employees Retirement System (PERS) benefits under ORS Chapter 238 and Chapter 238A, including changes of beneficiary, changes of retirement option, and all matters related to my PERS Health Insurance Program as provided under ORS 238.410 through 238.420, that I would otherwise be able to perform myself. This power of attorney may be revoked at any time through a written notification by the account holder.

□ Member □ Alternate payee

□ Cross reference member SSN

**Office use only**

□ PERS □ OPSRP □ IAP

The attorney(s)-in-fact q **may/** q **may not** appoint and substitute for

themselves any agent or attorney with the same authority as previously stated. (This substitution may be revoked at any time.)

**Account holder signature** (do not print) Date