



Please type or print clearly  
in blue or black ink

Received Date

# New York Public Employee Retirement System Special Durable Power of Attorney

RS6450

(Rev. 05/22)

NYS LRS ID  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Social Security Number [last 4 digits]  
XXX-XX-[ ] [ ] [ ] [ ]

Retirement System [check one]  
Employees' Retirement System (ERS)   
Police and Fire' Retirement System (PFRS)

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.**

**THIS IS A FILLABLE FORM.** Enter information in all fields, then print the form. To validly execute the document, please sign on page 5 in the presence of a notary, who must complete the acknowledgment. Additionally, you must sign in the presence of two (2) disinterested witnesses (one of whom may be the notary), and these witnesses must also sign and provide their information on page 6. In addition, your agent(s) must sign on pages 8 and 9 of the form 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."

|                                     |                              |                   |
|-------------------------------------|------------------------------|-------------------|
| Name: (First, Middle Initial, Last) | Former Name: (if applicable) | Telephone Number: |
|-------------------------------------|------------------------------|-------------------|

**(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, the principal, 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.) except that only an agent who is your immediate family or domestic partner may designate themselves as your beneficiary. To grant your agent who is not your immediate family or domestic partner the authority to designate themselves as your beneficiary, you must grant such authority by initialing one of the statements in Section (g) MODIFICATIONS.

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

- The New York State and Local Employees' Retirement System
- The New York State and Local Police and Fire 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 Pension Fund
- The New York City Board of Education Retirement System.

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**(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 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, 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-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.

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](http://www.nysenate.gov) or [www.nyassembly.gov](http://www.nyassembly.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)**

I, \_\_\_\_\_, \_\_\_\_\_  
Name Address  
 hereby appoint:

\_\_\_\_\_  
Name of Agent Address of Agent

\_\_\_\_\_  
Name of Agent Address of Agent

as my PRIMARY agent(s).

\_\_\_\_\_  
*relationship of agent(s) to principal (for example, spouse, domestic partner, child, or no relation)*

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.

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**(2) Successor Agent(s)**

If any agent designated above is unable or unwilling to serve, I appoint as my SUCCESSOR agent(s):

|                         |                            |
|-------------------------|----------------------------|
| Name of Successor Agent | Address of Successor Agent |
| Name of Successor Agent | Address of Successor Agent |

*relationship of successor agent(s) to principal (for example, spouse, domestic partner, child, or no relation)*

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

\_\_\_\_\_ My SUCCESSOR agents may act SEPARATELY.

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

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

If you do NOT intend to revoke your prior Powers 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 Section (g) "Modifications" that the agents with the same authority are to act together.

**(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:

- prepare, execute, deliver, submit and/or file any document or instrument;
- make investment directions;
- select and change payment options;
- make deposits and change direct deposit instructions for jointly held accounts;
- **designate a beneficiary or beneficiaries for any retirement and/or death benefit; 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
- 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.

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**(g) MODIFICATIONS: (OPTIONAL)** In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent(s) and language to grant your agent(s) the specific authority to designate themselves as your beneficiary if the agent(s) is/are not your spouse, domestic partner, parent or child:

**(1) If you intend to grant your agent(s) authority to designate themselves as beneficiaries and your agent(s) is/are not your spouse, domestic partner, parent or child, you must place your INITIALS next to ONE of the following statements:**

\_\_\_\_\_ **All of my agents, including all of my primary and successor agents named herein, have the authority to designate themselves as my beneficiary(ies).**

**OR**

\_\_\_\_\_ **I grant the following specifically named agent(s) the authority to designate themselves as my beneficiary(ies):**

|               |               |
|---------------|---------------|
| Name of Agent | Name of Agent |
|---------------|---------------|

**(2)** Please include any additional provisions, including any limitations or supplemental authority, below:

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**(h) 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.

**(i) 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.

NYSLRS ID

Last 4 Digits of SSN

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**(j) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_, 20\_\_\_\_.

**Signature of Principal**

**Date**

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**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_ in the

year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies),  
and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s)  
acted, executed the instrument.

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NOTARY PUBLIC (Please sign and affix stamp)

**Principal – Sign THIS PAGE in the presence of a Notary Public.**

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**(k) 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 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 serve as one of the witnesses.

**Witnesses – Sign THIS PAGE.**

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**(I) 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] manners:
  - (Principal's Name) by (Your Signature) as Agent; or
  - (Your Signature) as Agent for (Principal's Name).

*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 are the spouse, domestic partner, parent, or child of the principal or 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.



NYSLRS ID

Last 4 Digits of SSN

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**(m) PRIMARY 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 PRIMARY agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

**Signature of Agent - 1**

Date

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**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**Signature of Agent - 2**

Date

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**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**PRIMARY AGENT(S) – Sign THIS PAGE in the presence of a Notary Public.**



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**(n) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:** It is not required that the principal and the SUCCESSOR agent(s) sign at the same time, nor that multiple agents sign at the same time. Furthermore, SUCCESSOR agents cannot use this power of attorney unless the Primary agent(s) designated above is/are unable or unwilling to serve.

I/we, \_\_\_\_\_,  
have read the foregoing Special Durable Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

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|---|-------------|
| <b>Signature of SUCCESSOR Agent - 1</b> | <b>Date</b> |
|   |             |

**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_ in the  
year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

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| <b>Signature of SUCCESSOR Agent - 2</b> | <b>Date</b> |
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**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_ in the  
year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**(o)** This document prepared by: \_\_\_\_\_

**SUCCESSOR AGENT(S) – Sign THIS PAGE in the presence of a Notary Public.**

**\*Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

**Personal Privacy Protection Law**

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.