About CalPERS

What is CalPERS Retirement?

The California Public Employees' Retirement System (CalPERS) is the City's retirement plan; the City does not participate in the Federal Social Security retirement plan

CalPERS offers a defined benefit retirement plan where retirement benefits are based on a formula, rather than contributions to a savings plan. Retirement benefits are calculated based on a member's years of service credit, age at retirement, and final compensation (average salary for a defined period of employment).

Retirement formulas vary based on:

- Classification group – Local Miscellaneous and Local Safety (sworn police and sworn fire)
  - 3 tiers in each group (Tiers 1, 2, and 3) based on membership date
  - More information regarding retirement formulas and tiers can be found on the City's website at www.riversideca.gov/human/benefits.
  - Please refer to the respective Labor Agreement (MOU) or Fringe Benefit and Salary Plan for specific Tier information
- Membership category (e.g., state, school, or public agency employer)
- Specific provisions in the contract between the City and CalPERS

The three basic types of retirement are:

- Service retirement or "normal" retirement
- Disability retirement for employees who can no longer perform the usual duties of their current position due to illness or injury
- Industrial disability retirement for Local Safety members (Sworn Police and Fire) who are unable to perform the usual duties of their current position due to a job-related illness or injury
- Refer to Publication 8 for Local Miscellaneous and Publication 9 for Local Safety benefits

Reference: https://www.calpers.ca.gov/page/employers/benefit-programs/retirement-benefits

City of Riverside
City of Arts & Innovation

For more information about CalPERS or to register to view your retirement benefits, go to:

calpers.ca.gov

By creating a login on the CalPERS website, you may view your retirement formula, years of service (current deposit details), update beneficiary information, utilize the retirement calculator, and access online and in-person educational resources, as well as other helpful tools.

CalPERS
(888) 225 - 7377

CalPERS SERVICE CREDIT PURCHASE

Can I Purchase Service Credit?

There are a of variety of service credit options that you may be eligible to purchase, which in turn can increase your retirement of allowance. If eligible, you can purchase more than one type of service credit. For detailed information of CalPERS purchase service credit options, please refer to the CalPERS Publication 12 found on the CalPERS website.

The most common are ways to purchase service credits are:

- Redeposit of withdrawn contribution

  If you previously worked for a CalPERS agency and upon separation you withdrew your contributions, now that you're a member again you have the right to redeposit these contributions and restore your service credits.

- Service prior to membership

  If you worked for a CalPERS employer prior to becoming eligible for membership this may include: part-time, temporary, on-call, permanent interment, or seasonal work.

- Leave of Absence

  Includes employer approved leave of absence for maternity/paternity, serious health conditions, etc.

- Active duty military service

  Represents the time you spent in active military duty prior to employment with your CalPERS employer. If eligible you may purchase one year of service credit for each one year of military service up to a maximum of four years.

- Military leave of absence

  If granted a military leave of absence to enter active military duty you may be eligible to have this service credit posted to your account.

Please visit https://www.calpers.ca.gov/ to access all forms and publications on service credit purchase options including the credit cost estimator tool.

CalPERS

(888) 225 – 7377

Pre-Retirement Lump-Sum Beneficiary Designation

888 CalPERS (or **888**-225-7377) • TTY: (877) 249-7442 • Fax (800) 959-6545

Complete this form if you are currently employed (active) or an inactive member and you wish to designate a beneficiary or change your existing beneficiary designation for lump-sum benefits. Please print clearly. We are unable to process this form if there are erasures or corrections. See the information and instructions page for more detailed information.

Section 1 Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

( ) Daytime Phone | ( ) Alternate Phone

Address

City | State | ZIP

Section 2 Your Primary Beneficiary Information

Please see the last page of this form for information on your pre-retirement benefits and instructions on how to name more than four primary beneficiaries

If a percentage is entered, make sure the total equals 100%.

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Section 2 continues on page 2

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 2, cont.

Your Primary Beneficiary Information, continued

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Section 3

Your Secondary Beneficiary Information

Please see the last page of this form for instructions on how to name more than three secondary beneficiaries.

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

If a percentage (%) is entered make sure the total equals 100%.

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Your Name | Social Security Number or CalPERS ID

Section 4

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive any lump sum benefits which may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in the following benefit (if applicable):

- The Group Term Life Insurance benefit.
- The employer share benefit.
- The return of any remaining member contributions.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award fifty-percent (50%) of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining fifty-percent (50%) of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your Signature | Date (mm/dd/yyyy)

Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner on this form. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all the following benefit will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The Group Term Life Insurance benefit.
- The employer share benefit.
- The return of any remaining member contributions.

I understand that I may have community property or other rights in these benefits and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable) and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered domestic partner should sign this consent if he or she consents to each of your beneficiary designations after reviewing this section.

Your Spouse's or Domestic Partner's Signature | Date (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | Social Security Number or CalPERS ID

Section 5

Your Signature

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation. I understand that a designation filed **after** the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

Are you legally married or in a registered domestic partnership? ☐ Yes ☐ No

If no, please indicate: ☐ Never Married or in Domestic Partnership
☐ Divorced, Annulled, or Domestic Partnership Terminated
☐ Widowed

If you answered yes above, your spouse or registered domestic partner must sign this beneficiary designation unless you have designated him or her as the sole primary beneficiary of any lump sum benefits. Otherwise, you must complete and submit the ***Justification for Absence of Spouse's or Registered Domestic Partner's Signature*** form.

Your Signature | Date (mm/dd/yyyy)

Section 6

Your Spouse's or Registered Domestic Partner's Signature

Per Government Code section 21261, I acknowledge that I am aware of the designation made by my spouse or registered domestic partner. I also hereby state that I am the current spouse or registered domestic partner.

Signature of Spouse or Registered Domestic Partner | Date (mm/dd/yyyy)

Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Mail to: **CalPERS Benefit Services Division** • P.O. Box 942711, Sacramento, California 94229-2711

Pre-Retirement Lump-Sum Beneficiary Designation Information

Information

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific benefits to your surviving beneficiaries. Please order or download your Member Benefit Publication from our website www.calpers.ca.gov or see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.

B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly survivor allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.
If you do have a valid beneficiary designation on file, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly survivor allowance. However, your non-spouse/non-registered domestic partner designated beneficiaries will receive the portion of your lump sum benefits that are not payable to your spouse/ registered domestic partner as his/her community property share.

C. If A and B do not apply and there is no valid beneficiary designation on file at the time of death, the benefits will be payable to your survivors in the following order:

1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or if none
2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or if none,
3. Parents, share and share alike; or if none,
4. Brothers and sisters, share and share alike, or if none,
5. Your estate (if probated, or subject to probate), or if not,
6. Your trust (if one exists), or if not,
7. Stepchildren, share and share alike or if none,
8. Grandchildren, including step-grandchildren, share and share alike, or if none,
9. Nieces and nephews, share and share alike, or if none,
10. Great-grandchildren, share and share alike, or if none,
11. Cousins, share and share alike.

If A and B do not apply and there is a valid beneficiary designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are married or have a registered domestic partner at the time of death, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum benefits.**

D. You may designate or change your beneficiaries at any time by completing another ***Pre-Retirement Lump-Sum Beneficiary Designation*** form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. Reminder: **If you are married or in a registered domestic partnership at the time of your death and you do not name your spouse/registered domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum benefits or a share of any monthly survivor allowance that may be payable.**

E. Your beneficiary designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:

1. Marriage/Registration of domestic partnership; or
2. Dissolution or annulment of your marriage/registered domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is NOT revoked when the dissolution/annulment is finalized; or
3. Birth or adoption of a child; or
4. Termination of membership that results in a refund of your contributions.

Pre-Retirement Lump-Sum Beneficiary Designation Instructions

Section 1

Information About You

- Complete all fields.

Section 2

Your Primary Beneficiary Information

- To name additional primary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form and be sure to indicate that the beneficiary is primary. Sign and date the paper and include your Social Security number or CalPERS ID.

Section 3

Your Secondary Beneficiary Information

- The benefit is paid to your named secondary beneficiary upon the death of your primary beneficiary or beneficiaries.
- To name additional secondary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form and be sure to indicate that the beneficiary is secondary. Sign and date the paper and include your Social Security number or CalPERS ID.

Section 4

Spousal Consent to Beneficiary Designation

- If you did not name your spouse or registered domestic partner as your lump-sum beneficiary, you must read and sign the **Member Acknowledgment**. Your spouse or registered domestic partner **must** read the **Spouse's or Registered Domestic Partner's Consent**.

Section 5

Your Signature

- Indicate if you are married or have a registered domestic partner.
- Sign in the required field.

Section 6

Your Spouse's or Registered Domestic Partner's Signature

- Your spouse or registered domestic partner must sign if you did not designate him or her as the sole primary beneficiary for any lump-sum benefits.
- You must complete a ***Justification for Absence of Spouse's or Domestic Partner's Signature*** form if your spouse or registered domestic partner is unable to sign this form. You can print this form from www.calpers.ca.gov or call **888 CalPERS** (or **888**-225-7377).

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).

Special Power of Attorney

888 CalPERS (or **888**-225-7377) • TTY: (877) 249-7442

Section 1 — Creation of Durable Power of Attorney for Retirement-Related Business

When completing this form, please be sure to print the requested information.

For the purpose of this form, a "principal" is defined as a person who empowers another to act as a representative on his or her behalf.

The "agent" is the attorney-in-fact.

Name of Principal (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Address | County

City | State | ZIP | Daytime Phone

By this document I intend to create a power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. The authority granted pursuant to this power of attorney is expressly limited to decisions relating to my financial and health benefits under the California Public Employees' Retirement System, the Judges' Retirement System I or the Judges' Retirement System II, and the Legislators' Retirement System, hereinafter CalPERS, JRS I, JRS II, and LRS, respectively. I give my agent, also called an attorney-in-fact, the powers specified herein with the understanding that these powers will be used for my benefit and will be exercised only in a fiduciary capacity. This power does not authorize the appointed agent to make any medical decisions for me.

Section 2 — Designation of Attorney-in-Fact (Agent)

If you appoint more than one attorney-in-fact and do not check a box, all of your attorneys-in-fact must act or sign together (jointly).

You have the option to designate one attorney-in-fact. Your attorney-in-fact must be at least 18 years old at the time this document is executed.

If you appoint more than one attorney-in-fact, choose the jointly, separately, or alternately check box below:

☐ **Jointly** – All designated attorneys-in-fact must sign for any action. Granting joint authority to two or more attorneys-in-fact means that the agents' authority is exercisable only by their unanimous action. If one is unavailable because of absence, illness, or other temporary incapacity, the other attorneys-in-fact may exercise their authority under the power of attorney.

☐ **Separately** – Any one designated attorney-in-fact may act without the other(s).

*If you choose "Alternately," identify the order of your attorneys-in-fact in the boxes below.

☐ **Alternately** – Your attorney-in-fact will act in the numerical order you assign in the boxes below.* The successor attorney-in-fact will act if the person you originally appointed is unavailable because of absence, illness, or other temporary incapacity. Delegation of powers to any third party who is not named as an alternate attorney-in-fact is not permitted under this document.

#

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy) | Relationship

Address | Social Security Number or CalPERS ID

City | State | ZIP | Daytime Phone

#

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy) | Relationship

Address | Social Security Number or CalPERS ID

City | State | ZIP | Daytime Phone

#

Name of Attorney-in-Fact (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy) | Relationship

Address | Social Security Number or CalPERS ID

City | State | ZIP | Daytime Phone

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | Social Security Number or CalPERS ID

Section 3

General Statement of Authority Granted

You must check a box to indicate whether you are granting the specific authority to your attorney(s)-in-fact. If you do not check a box, your attorney(s)-in-fact will not be granted this specific authority.

See ***A Guide to the CalPERS Special Power of Attorney*** (PUB 30) for a detailed explanation of the authority you are granting.

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, JRS I, JRS II, or LRS. I understand that I am granting authority to the attorney-in-fact regardless of whether that person is related to me by blood, marriage, or legal domestic partnership. By signing this ***Special Power of Attorney*** form I intend that:

- My attorney-in-fact (☐ is; ☐ is not) authorized to select any retirement payment option available under the retirement plan other than the Unmodified Allowance.
  Note: Allowing your attorney-in-fact to choose any retirement payment option available under the retirement plan other than the Unmodified Allowance may reduce the monthly allowance that would otherwise be paid to you during your lifetime.
- My attorney-in-fact (☐ is; ☐ is not) authorized to designate or change my beneficiary.
  Note: Allowing your attorney-in-fact to designate or change your beneficiary will also allow your attorney-in-fact to designate himself or herself as your beneficiary unless you specify otherwise below.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

Section 4

Duration of Power of Attorney

Please be careful in choosing when you want your power of attorney to commence and/or terminate.

Check **one** box to indicate your choice. Checking multiple boxes may invalidate this form.

The person that you authorize to make the determination of incapacity must be at least 18 years old at the time of designation. This person may be, but is not required to be, a licensed physician or attorney.

Unless I indicate otherwise, this power of attorney shall be considered effective immediately and will continue for the duration specified below or, if no duration is specified, until my death. My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurrence. I understand that I may revoke this power of attorney at any time by providing CalPERS with a written statement of my intent to do so.

☐ This **durable** power of attorney is to commence immediately and to remain in effect for my lifetime, even if I become incapacitated, or until I specifically revoke it.

☐ This **limited** power of attorney is to commence on _____ and terminate on
Date (mm/dd/yyyy) or Event

_____.
Date (mm/dd/yyyy) or Event

☐ This **contingent/springing** power of attorney is to 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 for the purpose of this instrument shall be made in a written statement signed by

_____.
Name and Relationship or Title of Person Authorized to Make the Determination

☐ This **general (non-durable)** power of attorney is to terminate in its entirety if I become incapacitated. The determination that I am incapacitated and/or unable to handle my own affairs for the purpose of this instrument shall be made in a written statement signed by

_____.
Name and Relationship or Title of Person Authorized to Make the Determination

Section 5

Warning Statements

Attorney(s)-in-fact may not conduct business by accessing your online my|CalPERS account. All contact with CalPERS on your behalf must be made by telephone, by written correspondence, or by visiting a Regional Office.

The "agent" is the attorney-in-fact.

The authority granted by the CalPERS ***Special Power of Attorney*** form is limited to matters relating to CalPERS, JRS I, JRS II, and LRS. The person designated as your attorney-in-fact does not have any authority over your other real and/or personal property. If you wish that your attorney-in-fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following Warning Statements refers to more extensive authority than granted by the CalPERS *Special Power of Attorney* form. These Warning Statements are required by Probate Code section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS *Special Power of Attorney* form does not authorize your attorney-in-fact to do many of the things mentioned in the Warning Statements. If you are concerned with the Warning Statements or the extent of the authority being granted by the CalPERS *Special Power of Attorney* form, we again recommend that you seek legal counsel.

(Warning): Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a 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 gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state 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 regarding 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 power of attorney at any time as 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 principal's signing of the power of attorney or (2) the principal's acknowledgement 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 can 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. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | Social Security Number or CalPERS ID

Section 5, continued

Warning Statements, Continued

(Warning): 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 authorized 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 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. Lastly, the principal's benefit shall not be subject to execution, process, or assignment under California Public Employees' Retirement Law section 21255.

Signature of the agent (attorney-in-fact) is optional.

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent | Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent | Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)

Signature of Agent | Date (mm/dd/yyyy)

Section 6

Principal's Acknowledgement and Execution

To be completed and signed by the principal.

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.

Date Executed (mm/dd/yyyy) | City | State

Signature of Principal | County

Print Name of Principal (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | Social Security Number or CalPERS ID

Section 7

Must be completed by two individuals who are at least 18 years of age and are not named as attorney-in-fact or successor attorney-in-fact.

Alternately, Section 8 below must be completed by a notary public.

Witness Information

I have witnessed the principal's signature or the principal's acknowledgment of his or her signature designating power of attorney. I am of sound mind, I am an adult at least 18 years old, and I am not the attorney-in-fact or successor attorney-in-fact. My signature certifies that the principal is known to me and is the same person who signed and dated this ***Special Power of Attorney*** form.

Signature of Witness 1 | Print Name of Witness 1 (First Name, Middle Initial, Last Name)

Address | Date (mm/dd/yyyy)

City | State | ZIP

Signature of Witness 2 | Print Name of Witness 2 (First Name, Middle Initial, Last Name)

Address | Date (mm/dd/yyyy)

City | State | ZIP

Section 8

Must be completed by a notary public if Section 7 is not completed.

CalPERS images these documents. Please be advised embossed seals may not appear when this document is reviewed. An inked stamp is preferred.

Notary Public Acknowledgement

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 validity of that document.

Notary

State | County

On _____ (Date (mm/dd/yyyy)) before me _____ (Printed Name of Notary Public), personally appeared

_____ (Name of Principal), who proved to me on the basis of satisfactory evidence

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 ***Penalty of Perjury*** 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

Mail to: **CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716**

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).