



# PERSI Durable Limited Power of Attorney

This is a legal document and using it affects your rights.  
Be sure to read and understand it completely.

### Purpose of the Form

- Use this form to designate another individual as your Attorney-in-Fact to act on your behalf in dealing with PERSI.

### Instructions

- 1 Read **Important Information About Form RS113**, on page 3.
- 2 Complete the form in blue or black ink and sign the form in blue or black ink in the presence of a notary public.
  - Please be sure to write in your name at the top of the next page where noted.
  - Verify all sections are complete and your desired selections are initialed before signing.
  - **Initials** are required to select an option in the brackets, [    ], provided. Marking an option in the brackets, [    ], with an "x" or "√" is **not** acceptable.
  - This Power of Attorney must be **NOTARIZED**.

**Note: YOUR SIGNATURE AND ALL INITIALED BOXES MUST BE COMPLETED IN INK.**

- 3 Send the form directly to PERSI.
  - If your address has changed, you must also submit form RS110, *Member Mailing Address Change*, with this form.

Member Social Security Number	Member PERSI ID Number*

\* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information			
Name – First, Middle, Last			
Residence Address	Street		
	City	State	Zip code
Mailing Address (if different)	Street or P.O. Box		
	City	State	Zip code
Daytime Phone Number (include area code)		Email Address	

Attorney-in-Fact Appointment			
Name of Designated Attorney-in-Fact		Relationship to Member	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)			



**PERSI Durable Limited Power of Attorney (continued)**

Member Name – First, Middle, Last	Social Security Number
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**Attorney-in-Fact Appointment**

I (the principal) hereby appoint the person identified on page one as my Attorney-in-Fact and grant him/her authority to act for me with respect to my PERSI Base Plan and PERSI Choice 401(k) Plan (if any) in accordance with the Idaho Uniform Power of Attorney Act, chapter 12, title 15, Idaho Code and with this power of attorney form. Further, PERSI may, upon request from the Attorney-in-Fact, release any and all information to said Attorney-in-Fact concerning my account(s).

My Attorney-in-Fact **MAY NOT** do any of the following that I have noted with my **INITIALS**:

- [ ] My Attorney-in-Fact MAY NOT select the form or timing of retirement payments to be made under the Base or Choice 401(k) Plan.
- [ ] My Attorney-in-Fact MAY NOT request a separation benefit be paid.
- [ ] My Attorney-in-Fact MAY NOT request any withdrawals from the Choice 401(k) Plan, including requesting a loan or a hardship withdrawal from the Choice 401(k) Plan.
- [ ] My Attorney-in-Fact MAY NOT make a rollover from or to the Choice 401(k) Plan.
- [ ] My Attorney-in-Fact MAY NOT complete a salary deferral form of any kind related to the Base or Choice 401(k) Plan.
- [ ] My Attorney-in-Fact MAY NOT make or alter my investment allocations in the Choice 401(k) Plan.

If I have **NOT INITIALED** any of the above, **I UNDERSTAND** that my Attorney-in-Fact **MAY** take those actions on my behalf.

**SPECIAL INSTRUCTIONS:**

My Attorney-in-Fact **MAY** do any of the following **ONLY IF** I have **INITIALED** the specific authority listed below:

- [ ] My Attorney-in-Fact MAY create or change a beneficiary designation.
- [ ] My Attorney-in-Fact MAY waive my right to be a contingent annuitant.
- [ ] My Attorney-in-Fact MAY authorize another person to exercise the authority granted under this power of attorney.

An Attorney-in-Fact who is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Attorney-in-Fact or a person to whom the agent owes an obligation of support unless I have included that authority in the **Additional Special Instructions**.

**ADDITIONAL SPECIAL INSTRUCTIONS** (if needed):

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**This power of attorney shall not be affected by my subsequent disability or incapacity, and is valid until I notify PERSI in writing to revoke it. This power of attorney revokes any previous power of attorney designations related to PERSI. PERSI may rely upon the validity of this power of attorney or a copy of it unless PERSI knows it is terminated or invalid. (Verify all selections in this section have been completed before signing.)**

Member Signature (must be notarized)	Date – mm/dd/yyyy
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**Notary Public for Member**

State of _____, County of _____ On this _____ day of _____, _____, before me _____, a notary public, personally appeared _____, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.	Seal
<b>Notary Public Signature</b>	
<b>My Commission Expires On</b>	

# Important Information About Form RS113

## PERSI Durable Limited Power of Attorney

**This is a legal document and using it affects your rights.  
Be sure to read and understand it completely.**

- The *PERSI Durable Limited Power of Attorney* form lets you assign (give) to someone else the right to make decisions and to act regarding your account(s).
- You should select someone you trust to serve as your Attorney-in-Fact.
- The Attorney-in-Fact's authority will continue until your death unless you revoke the power of attorney or the Attorney-in-Fact resigns.
- If you wish to revoke a *PERSI Durable Limited Power of Attorney*, you must do so in writing to PERSI.
- You may change your designated Attorney-in-Fact at any time by completing a new *PERSI Durable Limited Power of Attorney* form and submitting it to PERSI.
- This form provides for the designation of one (1) Attorney-in-Fact. If you wish to name more than one (1) Attorney-in-Fact, you may name a Co-Attorney-in-Fact in the **Additional Special Instructions**.
- Co-Attorneys-in-Fact can act alone UNLESS you require them to act together in the **Additional Special Instructions**.

**This *PERSI Durable Limited Power of Attorney* only applies to PERSI matters.** PERSI has provided this form as a convenience to its members. If you do not state otherwise, as soon as PERSI receives this *Durable Limited Power of Attorney*, properly completed, signed and notarized, the Attorney-in-Fact is authorized to act on your behalf.

### **Effective Upon Receipt and Durable**

This power of attorney becomes effective **IMMEDIATELY** unless you state otherwise in the Additional Special Instructions and is durable/remains valid notwithstanding your subsequent disability or incapacity. If you do not provide for a different effective date, as soon as PERSI receives this *Durable Limited Power of Attorney*, properly signed and notarized, the Attorney-in-Fact is authorized to act on an account.

**Note:** You need not be incapacitated for the Attorney-in-Fact to act pursuant to this *Durable Limited Power of Attorney*. Also, this is a durable power of attorney, meaning it remains valid notwithstanding your subsequent disability or incapacity.