



Special Power of Attorney

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:	Member ID:
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Legal Notice: This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know the following important facts:

This document shall provide the person you designate as your attorney in fact with broad powers to manage and control your personal property, documents, and information related to your Kentucky Public Pensions Authority benefits. These powers will exist for an indefinite period of time unless you limit their duration in this document or terminate it in writing. These powers will continue to exist notwithstanding your subsequent disability or incapacity. You have the right to revoke or terminate this power of attorney. If there is anything about this form that you do not understand, you should consult an attorney before signing this document.

I, _____, of _____,
(name of member or beneficiary) (street address)

City of _____, County of _____, State of _____,

Hereby appoint _____, of _____,
(name of attorney in fact) (street address)

City of _____, County of _____, State of _____,

My true and lawful attorney in fact, for me and in my name, place, and stead, and for my use and benefit, to transact all matters relating to the Kentucky Public Pensions Authority, including, but not limited to, filing applications, making benefit elections, designating beneficiaries and endorsing checks.

I further give and grant unto my said attorney in fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

My attorney in fact is hereby instructed to notify the Kentucky Public Pensions Authority in writing of my disability or incapacity or of my death immediately upon its occurrence. **This power of attorney shall not be affected by my subsequent disability or incapacity.**

I specifically **grant** my attorney in fact the power to make a gift of my property to the attorney in fact or to others by naming the attorney in fact or others as the beneficiary of any or all retirement or death benefits to which I am entitled through the Kentucky Public Pensions Authority.

I specifically **grant** my attorney in fact, also known as my authorized representative, the power to make health insurance and health care decisions on my behalf and obtain health insurance, health care and medical information to which I am entitled through the Kentucky Public Pensions Authority.

I wish this special power of attorney to terminate in its entirety _____
(a period of time, e.g., in one year, etc.; or "at my death")

Executed this ____ day of _____, 20____ at _____
(city) (state)

Signature _____
Typed or Printed Name _____

Acknowledgement

State of _____
County of _____

Subscribed and sworn before me this ____ day of _____, 20____.

(Notary Seal) Notary Public _____
My Commission Expires: _____