

## Power of Attorney Form

The *Power of Attorney Form* can be used by you to name an *agent*, and this person will be able to make retirement-related decisions for you.

Because the form contains a *durability clause*, the *agent* will be able to make decisions for you even if you become incapacitated and are unable to make financial-related decisions for yourself.

The following checklist may be helpful as you submit this form:

- I am of sound mind and acting in my own free will.
- My *agent* is an adult that I trust to act in my best interest.
- I talked to the person that I named as my *agent*.
- I know that the *Power of Attorney Form* is limited to RRS matters.
  
- I understand that even though I am of sound mind, my *agent* can make retirement-related decisions for me.
- I know that I can revoke my current *Power of Attorney Form* by submitting a new *Power of Attorney Form*.
- I also know that I can revoke my current form by sending a signed and notarized request to the RRS.
  
- I have kept a copy of this form for my personal financial records.

*Thank you!*

*for additional benefits-related information, please see – [www.rva.gov/retirement-system](http://www.rva.gov/retirement-system)*



Building your financial future

Durable Power of Attorney Form
(Designation of Agent for RRS Matters)

DIRECTIONS

Please complete this form to name an agent. This person will be able to receive information and make retirement-related decisions. These powers, however, are expressly limited to plans administered by the Richmond Retirement System (RRS).

By completing this form, you will revoke all other durable power of attorney forms on file with the RRS.

PART A. MEMBER INFORMATION

Name, SSN, Phone, Email input fields

Address input field

PART B. DESIGNATION OF AGENT

I \_\_\_\_\_ of \_\_\_\_\_ name the following person as my agent:
Principal Name City, State

Agent Name, Agent Phone, Agent Email input fields

Address input field

CHECK 1:

[ ] This agent is a spouse, ancestor, or descendent of mine.

[ ] This agent is not a spouse, ancestor, or descendent of mine.

PART C. GRANT OF GENERAL AUTHORITY

I hereby appoint the agent identified on page 1 of 2 the general authority to act for me with respect to plans administered by the Richmond Retirement System as provided in the Virginia Uniform Power of Attorney Act, Chapter 16, Title 64.2-1636. This includes the following:

- 1. Select the form and timing of payments under a RRS plan...
2. Make a rollover...
3. Establish a RRS plan...
4. Make contributions...
5. Exercise investment powers...
6. Borrow from, sell assets... or purchase assets...

Accordingly, the Richmond Retirement System may share account-specific information with the agent.

