



Special Power of Attorney (POA) for PERS

This form is for all PERS retirement programs. Call or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*										
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Mailing address (street or PO box)			PERS number (optional)										
City	State	Zip	Country										
			Date of birth (mm-dd-yyyy)										
Day phone number		Evening phone number											
			E-mail (optional)										

This document gives the person(s) you designate the power to make any and all decisions for your PERS-related matters on your behalf. This Power of Attorney takes effect on the date signed and supersedes any other POA on file with PERS. It remains in effect until: 1) PERS or the attorney(s)-in-fact has/have actual knowledge of your death, 2) you revoke the power of attorney, 3) your attorney-in-fact relinquishes his/her duties and position, or 4) a power of attorney with a later date is received and accepted from you.

Section B: Attorney-in-fact information

If multiple attorney(s)-in-fact, check one: Either may sign or Both must sign

Attorney-in-fact

Name
Mailing address (street or PO box)
City State Zip

Co-attorney-in-fact

Name
Mailing address (street or PO box)
City State Zip

Attorney-in-fact signature (do not print) _____ Date _____

Co-Attorney-in-fact signature (do not print) _____ Date _____

1st alternate attorney-in-fact

Name
Mailing address (street or PO box)
City State Zip

2nd alternate attorney-in-fact

Name
Mailing address (street or PO box)
City State Zip

1st alternate attorney-in-fact signature (do not print) _____ Date _____

2nd alternate attorney-in-fact signature (do not print) _____ Date _____

I, _____ (name of principal), grant the above named attorney(s)-in-fact power and authority to act on my behalf in all matters associated with my Oregon Public Employees Retirement System (OPERS) benefits under ORS Chapter 238 and Chapter 238A that I would otherwise be able to perform myself, **including changes of beneficiary and changes of retirement option**. This power of attorney may be revoked at any time through a written notification by the principal delivered

The attorney(s)-in-fact may/ may not appoint and substitute for themselves any agent or attorney with the same authority as previously stated. (This substitution may be revoked at any time.)

Principal's signature (do not print) _____ Date _____

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.