



LIMITED DURABLE POWER OF ATTORNEY

This Limited Durable Power of Attorney form authorizes another person (called an “attorney-in-fact”) to make decisions for you concerning your Ohio Police and Fire Pension Fund (OP&F) account and related benefits. It is not a general power of attorney and does not grant another person the broad authority to act for you (i.e., this document does not give another person the authority to act on anything other than your OP&F account and related benefits. It cannot be used for any other purpose, such as banking transactions, real property, personal property, insurance, other government benefits, etc.).

By executing this form, you are giving your attorney-in-fact the ability to make decisions and act for you whether or not you are able to do so yourself. Therefore, you should select someone you trust to serve as your attorney-in-fact. Your attorney-in-fact’s authority will begin immediately upon execution of this form and will continue until your death, unless earlier revoked in writing by you, or your attorney-in-fact resigns or is unable to act for you.

OP&F is providing this Limited Durable Power of Attorney form to its membership as a courtesy. Due to the significance of this document, OP&F recommends that you seek legal advice before signing this document and any questions regarding its use should be directed to your personal legal counsel.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security number																					
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City, State, ZIP code		Date of Birth																					
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Phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New																				
Email address		<input type="checkbox"/> New																					

Section B: Designation of attorney-in-fact

I, the OP&F member named in Section A above, hereby name the following person as my attorney-in-fact for purposes of acting pursuant to the authority granted by me in Section D of this document.

Attorney-in-fact name: First, MI, Last, suffix (Jr. III, etc.)	
Street Address / Post office box	
City, State, ZIP code	
Phone	Email address

Section C: Designation of successor attorney-in-fact (optional)

If my attorney-in-fact is unable or unwilling to act for me, I name the following person as my successor attorney-in-fact for purposes of acting pursuant to the authority granted by me in Section D of this document.

Successor attorney-in-fact name: First, MI, Last, suffix (Jr. III, etc.)	
Street Address / Post office box	
City, State, ZIP code	
Phone	Email address

Section C, continued: Designation of successor attorney-in-fact (optional)

If my successor attorney-in-fact is unable or unwilling to act for me, I name the following person as my second successor attorney-in-fact for purposes of acting pursuant to the authority granted by me in Section D of this document.

Second successor attorney-in-fact name: First, MI, Last, suffix (Jr, III, etc.)

Street Address / Post office box

City, State, ZIP code

Phone

Email address

Section D: Grant of authority

I grant my attorney-in-fact and any successor attorney-in-fact the authority to make application for and collect all sums due me from OP&F; make any and all elections or designations concerning the method of payment of sums due me from OP&F, including the designation of survivorship benefits and any elections relating thereto; complete address and direct deposit changes; and make any and all decisions regarding OP&F's health reimbursement arrangement.

(initials) **In addition**, by placing my initials here, I hereby authorize my attorney-in-fact to make such designations and/or elections which may result in my attorney-in-fact or any successor attorney-in-fact obtaining a beneficial interest in my OP&F benefits. While this may be construed to be self-dealing, I hereby authorize such action and agree that OP&F can rely upon this election in processing any application for OP&F benefits.

I also hereby grant my attorney-in-fact and any successor attorney-in-fact full power and authority to do and perform any and all acts necessary, requisite, or proper to be done in and about the premises as fully as I might or could do were I personally present, with full power of revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof. This Limited Durable Power of Attorney is effective immediately and shall not be affected by my disability or lapse of time. This Limited Durable Power of Attorney supercedes any prior power(s) of attorney previously provided to OP&F.

I, my heirs, representatives, and assigns, understand the full and complete legal impact in executing this Limited Durable Power of Attorney and hereby agree to hold OP&F, its members, employees, etc. harmless for any alleged misuse, mismanagement, malfeasance, etc. by my attorney-in-fact and any successor attorney-in-fact in exercising any and all powers granted under this Limited Durable Power of Attorney. Furthermore, no person who relies in good faith upon the authority granted hereunder shall incur any liability to me, my estate, my heirs, successors, or assigns.

Section E: Signature and acknowledgement

IN WITNESS WHEREOF, I have signed this Limited Durable Power of Attorney.

Signature of OP&F member:

Date of signature:

Print name:

Social Security number:

Section F: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

This document was acknowledged before me on _____, 20____ by the person named in Section A of this form.

Affix Seal here

Notary's signature:

Print name:

My commission expires: