



## Public Employees' Retirement System of Nevada

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### Limited Power of Attorney

Use this form to designate another individual as your Attorney-in-Fact to conduct business with PERS of Nevada on your behalf.

### INSTRUCTIONS

1. Read the "About the Limited Power of Attorney," on pages 4 and 5. **Members/Benefit Recipients should consult with an attorney prior to executing the PERS Limited Power of Attorney.**
2. Complete the Member/Benefit Recipient Information on page 1 and the Designee Information on page 2.
3. Sign the LIMITED POWER OF ATTORNEY before a Notary Public. The Notary Public must properly notarize and complete the Notary Public section.
4. Have the Attorney-in-Fact/Designee sign the Acceptance on page 3 before a Notary Public.
5. Send the original LIMITED POWER OF ATTORNEY (pages 1-3) to PERS of Nevada and keep a copy for your records.

### MEMBER/BENEFIT RECIPIENT INFORMATION

Name (as it appears on your social security card) (Please print):

\_\_\_\_\_

First Middle Last

Last 4 digits of SSN: \_\_\_\_\_

Telephone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_, hereby make, constitute and  
(Member/Benefit Recipient Name)

appoint the following my true and lawful Attorney-in-Fact to act in my place for the purpose of conducting business with the Public Employees' Retirement System of Nevada (hereafter PERS) on my behalf. Such business shall include but not be limited to completing address or direct deposit changes and endorsing benefit checks, granting and giving unto said Attorney-in-Fact full authority and power to do and perform any and all acts necessary or incidental to the performance and execution of the power herein expressly granted, with the power to do and perform all acts authorized hereby, as fully to all intents and purposes as the grantor might or could do if personally present, with full power of substitution. This designation applies to my PERS unmodified plan benefit and/or chosen Option (if any). PERS may release any and all information to said Attorney-in-Fact concerning my account.

**DESIGNEE INFORMATION**

Name of Attorney-in-Fact/Designee: \_\_\_\_\_ Relationship to Member/Benefit Recipient: \_\_\_\_\_

Designee's telephone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**This Limited Power of Attorney shall not be affected by my subsequent disability or incapacity and is valid until I notify PERS in writing to revoke it. I hereby revoke all previous Power of Attorney designations as related to PERS, if any and designate the above person as my Limited Power of Attorney.**

\_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
**Member/Benefit Recipient's Signature**

State of \_\_\_\_\_

County of \_\_\_\_\_

This LIMITED POWER OF ATTORNEY was signed before me on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as the Member/Benefit Recipient. I am a notarial officer in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_ (SEAL)

**ATTORNEY-IN-FACT/DESIGNEE ACCEPTANCE AND SIGNATURE**

I understand and accept the responsibilities and limitations assigned to the Limited Power of Attorney for \_\_\_\_\_, Member/Benefit Recipient.

\_\_\_\_\_  
**Attorney-in-Fact/Designee Signature**

State of \_\_\_\_\_

County of \_\_\_\_\_

This LIMITED POWER OF ATTORNEY was signed before me on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as the Attorney-in-Fact/Designee. I am a notarial officer in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_ (SEAL)

## **ABOUT THE PERS LIMITED POWER OF ATTORNEY**

If a PERS member/benefit recipient becomes unfit or unable to handle his or her own affairs, the member/benefit recipient's family generally wants the right to manage the member/benefit recipient's obligations and PERS benefits. Unless PERS has a Limited Power of Attorney authorizing family members to manage such matters, these rights cannot be granted.

The PERS Limited Power of Attorney form gives you the opportunity to assign an individual the right to make decisions regarding your accounts. PERS holds the Limited Power of Attorney in the member/benefit recipient's file, and if someone tries to act on your account, PERS verifies that the person is authorized to act on your behalf. All Limited Powers of Attorney are subject to verification.

A PERS member/benefit recipient may change his/her designee at any time by properly completing a new form and submitting it to PERS.

A PERS member/benefit recipient may provide PERS with a copy of a general Durable Power of Attorney or the PERS Limited Power of Attorney may be executed. PERS will not accept a Power of Attorney for major decisions such as selection of a retirement option or requesting a refund of contributions.

As soon as PERS receives a Limited Power of Attorney, the designee is authorized to act on a member/benefit recipient's account. The member/benefit recipient need not be incapacitated for the designee to manage or administer the member/benefit recipient's PERS account and benefits.

It is against the law in the State of Nevada for any individual to knowingly make a false claim for benefits or money from PERS.

### **Information about Powers of Attorney**

A Power of Attorney is a document that allows you to appoint a person or organization to handle your affairs while you are unavailable or unable to do so. The person or organization you appoint is referred to as an "Attorney-in-Fact," or "Agent."

There are four types of "Power of Attorney:"

1. General Power of Attorney – authorizes your Attorney-in-Fact to act on your behalf in a variety of different situations.
2. "Limited" or "Special" Power of Attorney – authorizes your Attorney-in-Fact to act on your behalf in specific situations only.
3. Health Care Power of Attorney – allows you to appoint someone to make health care decisions for you if you are incapacitated.
4. Durable Power of Attorney – The general, specific and health care powers of attorney can all be made "durable" by adding certain text to the document. The document will remain in effect or take effect if you become mentally incompetent.

The "Revocation of Power of Attorney" allows you to revoke a power of attorney document.

A Power of Attorney must be signed by the person granting the authority (known as the “principal” or, in the case of a PERS Limited Power of Attorney, the member/benefit recipient). The Principal must be mentally competent at the time of the signing in order to make the document legally binding. If there is any question about the Principal’s mental competence, a physician may be asked to certify in writing that the person understands the document and the consequences of signing the document.

The signatures on a Power of Attorney must be notarized. Notarizations make it more difficult for someone to challenge the validity of the signature and ensure that the person executing the Power of Attorney did, in fact, do so. Chapter 240 of the Nevada Revised Statutes contains the requirements for notarial acts.

**ALL PERSONS EXECUTING A POWER OF ATTORNEY  
SHOULD CONSULT WITH AN ATTORNEY.**

**THE INFORMATION PROVIDED BY PERS IS PROVIDED  
AS GENERAL INFORMATION ONLY.**