



Affidavit of Attorney-In-Fact

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380
www.drs.wa.gov • Toll Free: 800.547.6657
Olympia Area: 360.664.7000 • TTY: 711

Plan (check all that apply): PERS SERS TRS PSERS LEOFF WSPRS JRS DCP

Principal Information (person for whom you are making changes)

| | |
|------|------------------------|
| Name | Social Security Number |
|------|------------------------|

Affidavit of Attorney-in-Fact statement

My name is _____ . I declare that:

1. I am the person designated as Attorney-in-Fact in the _____ Document Name
that was signed by _____, properly notarized and is attached to this affidavit.
Principal Name

The attached DOCUMENT is (check one):

- the original.
- a true copy of the original.

Please provide member information below

| | |
|-------------|-------------------------------|
| Member Name | Member Social Security Number |
|-------------|-------------------------------|

2. I have signed this affidavit freely and voluntarily, to establish my authority to act as the Attorney-in-Fact for the PRINCIPAL to (proposed actions on the principal's account) _____

If you are making changes, please attach any document to this Affidavit of Attorney-in-Fact.

3. The Attorney-in-Fact has no knowledge of any of the following:

- A. The principal is deceased.
- B. The Power of Attorney document has been revoked or terminated, partially or otherwise.
- C. The principal lacked the understanding and capacity to make and communicate decisions.
- D. The Power of Attorney document was not properly executed and is not legal or valid.

4. I WAS WAS NOT married to or a state-registered domestic partner of the principal at the time the DOCUMENT was signed by the principal and was properly notarized. (If the Attorney-in-Fact chosen WAS married to, or was a state-registered domestic partner of, the principal, go to #5. If NOT, skip #5 and go to #6.)

5. My marriage to, or domestic partnership with, the principal has has not been dissolved or declared invalid.

6. I am the ORIGINAL SUCCESSOR Attorney in Fact.

7. I am the principal's doctor, doctor's employee, or the owner/administrator of the principal's long term health care facility. YES NO

Note: If the answer to question #7 is "YES," you may not act as Attorney-in-Fact unless you are the principal's spouse, state-registered domestic partner, adult child, brother or sister.



My relationship to the principal is _____

Attorney-in-Fact information

| | | | |
|---------------------------------------|--|-------|-----|
| Attorney-in-Fact mailing address | City | State | ZIP |
| Phone Number | Attorney-in-Fact Birthdate | | |
| Last 4 of your Social Security Number | Is the principal living with you? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Notarization of Signature

I declare that I am acting in good faith pursuant to my authority under the DOCUMENT. I certify that I will either fax, hand deliver, or mail this original affidavit and attachments, to the Washington State Department of Retirement Systems, P.O. Box 48380, Olympia, Washington 98504-8380.

I certify under penalty of perjury, under the laws of the state of Washington, that the statements in this affidavit are true and correct.

| | |
|----------------------------|------|
| Attorney-in-Fact Signature | Date |
|----------------------------|------|

I certify that I know or have reasonable evidence that _____
is the person who appeared before me, and that person stated that he/she signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the document.

State of _____ County of _____

Signed or attested before me on _____
Day Month Year

Seal
or
Stamp

Notary Public Signature

Name of Notary Public and Title

My Appointment Expires