Clear Form

# Affidavit of Attorney in Fact

This form is for making changes to a member's or principal's account. A "principal" is the person for whom you are making changes.

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380

*www.drs.wa.gov* • 800.547.6657
360.664.7000 • TTY: 711

## Important Information

All fields in this form must be filled in or the form will be returned to you.

If you are a health care provider for the member or principal, you cannot serve as attorney in fact for the member or principal unless you are his or her spouse, registered domestic partner, adult child or sibling. Before you complete this form, verify that:

- The member or principal is alive
- The power-of-attorney document is the most recent version and is still valid

## Personal Information

| Member Name (Last, First, Middle) | Social Security Number |
|---|---|
| Principal Name (If Different from Member) | Social Security Number |

Retirement System(s) and/or Program

- ☐ Public Employees' Retirement System (PERS)
- ☐ Teachers' Retirement System (TRS)
- ☐ Public Safety Employees' Retirement System (PSERS)
- ☐ Judicial Retirement System (JRS)
- ☐ School Employees' Retirement System (SERS)
- ☐ Washington State Patrol Retirement System (WSPRS)
- ☐ Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)
- ☐ Deferred Compensation Program (DCP)

## Attorney-in-Fact Information

| Name (Last, First, Middle) | Birthdate (mm/dd/yyyy) | Social Security Number | |
|---|---|---|---|
| Mailing Address | City | State | ZIP |
| Email Address | | Phone Number | |
| Relationship to Member or Principal | | Does He or She Live with You? ☐ Yes ☐ No | |

Notarized Document That Names You Attorney in Fact (Send Copy of Original with This Form)

Proposed Actions I Intend to Take on Behalf of Member or Principal (For Example, Updating Direct Deposit or Tax Information, Etc.)

| Are you the member's or principal's original attorney in fact or a successor attorney in fact? | Are you the member's or principal's doctor, nurse or other health care worker? |
|---|---|
| ☐ Original Attorney in Fact ☐ Successor Attorney in Fact | ☐ Yes ☐ No |
| Are you or have you ever been married to or in a registered domestic partnership with the member or principal? ☐ Yes ☐ No | If yes, are you still legally in that relationship? ☐ Yes ☐ No ☐ Doesn't Apply to Me |

**Please complete the other side of this form as well.**

## **Attorney-in-Fact Signature** (notarization required)

I freely and voluntarily sign this affidavit to establish my authority to act as attorney in fact for the member or principal. I declare under penalty of perjury under the laws of Washington state that the statements in this affidavit, including my full name and Social Security Number, are correct.

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

| State of | County of | Seal or Stamp |
|---|---|---|
| Date Signed or Attested Before Me | Date My Appointment Expires | |
| Notary Signature | | |
| Notary Name | Notary Title | |

**Notarization is required to process this form.**

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.