



# 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 <input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> School Employees' Retirement System (SERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) <input type="checkbox"/> Public Safety Employees' Retirement System (PSERS) <input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) <input type="checkbox"/> Judicial Retirement System (JRS) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Original Attorney in Fact <input type="checkbox"/> Successor Attorney in Fact	Are you the member's or principal's doctor, nurse or other health care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or have you ever been married to or in a registered domestic partnership with the member or principal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you still legally in that relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.**