

**INSTRUCTIONS FOR LIMITED POWER OF ATTORNEY
(FOR ERIP RELATED PURPOSES ONLY)**

If at all possible, you should personally sign all ERIP documents. However, if you need to authorize someone to sign on your behalf, you may use the attached Limited Power of Attorney (for ERIP related purposes only) document for this purpose. Or, if you have an existing Power of Attorney document, that may suffice. A copy of your Power of Attorney document must be submitted to the CAO and reviewed by the City Attorney's Office before the signature of your agent will be accepted on any ERIP related document. The City Attorney's Office reviews each Power of Attorney form in order to make sure it has been correctly filled out and is legally sufficient to authorize your agent to act on your behalf for ERIP purposes.

**LIMITED POWER OF ATTORNEY
(FOR ERIP RELATED PURPOSES ONLY)**

I _____ appoint
(print the member's name and address)

(print the name, address & phone # of the person appointed)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the Early Retirement Incentive Program (ERIP) for members of the Los Angeles City Employees' Retirement System (LACERS). This grant of power includes the authority to enroll me in the ERIP (which requires me to retire from my employment with the City of Los Angeles on any date specified by the City) and to sign any and all documents on my behalf that are required in connection with my retirement under ERIP, including the authority to rescind my ERIP election. This grant of power shall include the authority to select LACERS payment options and to enroll in health plans that are available to LACERS retirees, but shall not include the authority to designate beneficiaries for any benefits that are payable upon my death. This grant of authority shall not authorize my agent to receive, on my behalf, any payment of monies that are due to me from either the City or LACERS.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR JUNE 30, 2010, WHICHEVER OCCURS FIRST.

I agree that any third party who receives a copy of this document may act under it. A third party may seek identification. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this ____ day of _____, 2009. _____
(member's signature)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

[This form will not be accepted unless it is completed properly. The member's signature must be: 1) witnessed below by two adults (other than the agent) or 2) acknowledged by a notary public (acknowledgement must be attached). The agent cannot sign as a witness.]

By signing below, we acknowledge that we have witnessed either the signing of this instrument by the member or the member's acknowledgment of the signature or the power of attorney:

Date: _____ Witness' Signature: _____

Print name and address of first witness: _____

Date: _____ Witness' Signature: _____

Print name and address of second witness: _____