



POWER OF ATTORNEY - PAGE 1 OF 2

- The purpose of this form is to grant authorization in the capacity of attorney-in-fact.
- This form may not be used if the Principal/account holder is incapacitated on the date the form is signed.
- **This Power of Attorney (POA) shall revoke any prior POA on file with ICMA-RC.**
- Any alteration of the form will invalidate your request.
- Only one completed form may be submitted.
- If you wish to establish instructions beyond the options provided, you may submit an alternate power of attorney document. Please contact 800-669-7400 to speak with an Investor Services Associate for further assistance.

1. PARTICIPANT INFORMATION

Social Security Number: _____ Daytime Phone: (_____) _____

Name (Last, First, MI): _____

Mailing Address/Street: _____

City: _____ State: _____ Zip Code: _____

2. DESIGNATION OF AGENT(S)/ATTORNEY(S)-IN-FACT (LIMIT OF 2 INDIVIDUALS)

I, _____, am the holder of one or more governmental retirement plan account(s), RHS account(s) or IRA(s) for which ICMA-RC currently provides plan administrative services. Through this POA I hereby appoint _____ as my true and lawful agent(s)/attorney(s)-in-fact, in my name and on my behalf, to act with respect to my ICMA-RC account(s) and the assets held therein.

Agent's Name: _____

Agent's Mailing Address/Street: _____

City: _____ State: _____ Zip Code: _____

Agent's Telephone Number: (_____) _____

Agent's Name: _____

Agent's Mailing Address/Street: _____

City: _____ State: _____ Zip Code: _____

Agent's Telephone Number: (_____) _____

3. POWERS OF AGENT(S)/ATTORNEY(S)-IN-FACT AND AUTHORIZATION

I authorize my agent(s) to act on my behalf. ICMA-RC is hereby authorized to honor the instructions of my agent(s)/attorney(s)-in-fact in every respect concerning my account(s) except for a power that I have crossed out below:

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD:

- To obtain information regarding my account(s)
- Select investment funds and direct the allocation of assets in my account(s)
- Direct monies to be disbursed to me in accordance with applicable plan provisions, IRS or ICMA-RC rules governing my account(s)
- Make and change beneficiary designations
- Make any changes regarding the maintenance of my account (e.g. address changes, etc.)
- Make any other decision I could make regarding my account(s)

4. ADDITIONAL INSTRUCTIONS FOR WITHDRAWALS AND DISBURSEMENTS

If more than one agent is designated, CHOOSE ONE of the following two choices. If no selection is provided, the default will be that each agent may act separately.

- Each Agent may act separately Agents must act together



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Social Security Number: _____ - _____ - _____ Name (Last, First, MI): _____

5. INDEMNIFICATION

I agree to indemnify and hold ICMA-RC and the plan sponsor harmless from all loss, costs, indebtedness, and liabilities ("losses") arising from the instructions of my agent(s)/attorney(s)-in-fact pursuant to this POA and ICMA-RC's execution of my agent(s)/attorney(s)-in-fact's instructions, except where such losses are caused by the gross negligence or willful misconduct of ICMA-RC, or of the plan sponsor (if applicable). This indemnity also extends to the authorized agents of ICMA-RC and the plan sponsor. This POA and its indemnity is in addition to (and in no way limits or restricts) any rights that ICMA-RC or the plan sponsor may have under any other agreement or agreements between ICMA-RC and myself or between the plan sponsor and myself. The revocation of this POA shall not affect any indemnification of any transaction initiated prior to such revocation.

6. AGENT(S) SIGNATURE (SIGNATURES IN THIS SECTION NEED NOT BE NOTARIZED.)

By each agent's signature below, such agent acknowledges and accepts the responsibilities as the appointed agent/attorney-in-fact.

Agent Name (Please Print) _____ Agent Signature _____ / / _____
Month Day Year

Agent Name (Please Print) _____ Agent Signature _____ / / _____
Month Day Year

7. DURABILITY

This POA shall become effective immediately upon receipt and written acknowledgement by ICMA-RC. This authorization is continuing and, once effective, will remain in full force and effect until either I revoke it by providing a written notice to ICMA-RC at its main office in Washington, D.C. or I am deceased. The authorization and indemnity shall inure to the benefit of ICMA-RC and the plan sponsor and to any successor entities irrespective of any change or changes at any time in the personnel thereof. This POA will not be affected by my subsequent disability, incompetence or incapacity. In case of my death, neither ICMA-RC nor the plan sponsor shall be responsible for any transactions or changes made to my account by my agent(s)/attorney(s)-in-fact before ICMA-RC has received written notification of my death, addressed to ICMA-RC and delivered to its main office in Washington, D.C.

8. PARTICIPANT SIGNATURE

By my notarized signature, I direct that this POA shall revoke any prior POA that ICMA-RC may have on file regarding my account(s).

IN WITNESS WHEREOF, I hereby execute this POA on this _____ day of _____, in the year 20 _____.

Participant Signature _____

Your request cannot be processed without a Notary Public Signature and Seal.

Jurisdiction _____

Notary Public Signature _____

_____/_____/_____
Month Day Year

Photographically reproducible
Notary Seal
or
Stamp