

DURABLE SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, with SS# _____, who resides at _____, have made, constituted and appointed and by these presents do make, constitute and appoint _____, with SS# _____, who resides at _____, my true and lawful attorney to act in, manage and conduct my interests and affairs relating to the *Government of Guam Retirement Fund Defined Benefit Plan and/or Defined Benefit 1.75 Plan and/or Defined Contribution Plan and/or 457 Deferred Compensation Plan*, and for that purpose for me and in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute or to concur with persons jointly interested with myself therein in the doing or executing of, all or any of the following acts, deeds and things, as follows:

1. To pick up checks on my behalf;
2. To update contact information for me on my behalf;
3. To add, amend, or cancel third party payments deducted from my annuity payments;
4. To amend, change or cancel direct deposit or other payment instructions;
5. To make changes to beneficiary designation forms;¹ and
6. To execute any and all instruments in connection with my interest in the Government of Guam Retirement Fund not inconsistent with the foregoing.

This power of attorney shall become effective only upon my execution below and the attached written acceptance of my attorney-in-fact. This power of attorney shall not be affected by my incapacity or disability, and shall remain in effect until revoked by an instrument in writing addressed to the Director of the Retirement Fund and signed by me before a notary public.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 20____.

Retiree/Survivor/Member's Signature

A copy of the current government-issued photo-identification of the retiree/survivor/member and the agent is required.

¹ There may be estate tax consequences if the beneficiary designation forms are changed by the attorney-in-fact. Accordingly, the attorney-in-fact is advised to consult a lawyer before making changes to the beneficiary designation form.

)
) ss.

On this ____ day of _____, 20____, before me, a notary public in and for _____ (city and state), personally appeared _____ (name), known to me to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged to me that he / she signed it voluntarily for its stated purpose.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NOTARY PUBLIC

In lieu of a notary signature, two (2) Government of Guam Retirement Fund representative's signature will be accepted:

GUAM, U.S.A.)
) ss.
Municipality of Hagåtña)

On this ____ day of _____, 20____, before me, a **Government of Guam Retirement Fund Representative** in and for Guam, U.S.A., personally appeared _____, known to me to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged to me that _____ signed it voluntarily for its stated purpose.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Retirement Fund Representative Signature

Retirement Fund Representative Signature

Print Name / Date

Print Name / Date

[Pursuant to Rule 44(a)(2) of the Guam Rules of Civil Procedure, if the power of attorney is to be executed in a foreign country, a "final certification" or Apostille must be completed by an appropriate official at the United States Embassy or Consulate.]

APOSTILLE

1. Country: _____

This public document

2. has been signed by _____

3. Acting in the capacity of _____

4. Bears the seal/stamp of _____

Certified

5. at _____ 6. The _____

7. By _____

8. No. _____

9. Seal/stamp: _____

10. Signature: _____

NOTICE TO PERSON ACCEPTING APPOINTMENT AS
ATTORNEY-IN-FACT

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

Using this power of attorney to make changes to beneficiary forms may have estate tax consequences. Accordingly, you are hereby advised to consult with a lawyer before changing beneficiary forms.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney. Further, I understand that there may be estate tax consequences if I make changes to beneficiary forms.

Signature of Agent

Print Name of Agent / Date

A copy of the current government-issued photo-identification of the retiree/survivor/member and the agent is required.