

POWER OF ATTORNEY

STATE OF LOUISIANA

PARISH OF _____

Before me, the undersigned notary public, duly qualified and commissioned in and for the parish of _____, State of Louisiana, personally came and appeared _____, a person of the full age of majority,
Name of Retiree

whose Social Security Number is _____, whose permanent mailing address is _____,
Address of Retiree

who did declare that he/she does by these present nominate, constitute and appoint _____, a resident of _____ Parish,
Name of Agent

Louisiana, his agent and attorney-in-fact to act in his name, place and stead in the matter of retirement benefits electronically deposited to a checking or savings account by the District Attorneys' Retirement System.

IN WITNESS WHEREOF, this instrument is executed before me, Notary Public, and the two undersigned witnesses on this _____ day of _____, 20____.

Witnesses:

Signature of Retiree/Benefit Recipient

Signature of Agent for Retiree/Benefit Recipient

Notary Public

POWER OF ATTORNEY ACCEPTANCE

I, _____, accept the Power of Attorney for
Name of Agent
_____, whose Social Security number is
Name of Retiree
_____, and understand that this Power of Attorney ceases at the death of
S.S.# of Retiree
the individual granting the Power of Attorney.

I also accept full responsibility for returning to the District Attorneys' Retirement System any checks of electronic payments which were received after the death of the individual granting me this Power of Attorney.

IN WITNESS WHEREOF, this instrument is executed before me, Notary Public, and the two undersigned witnesses on this _____ day of _____, 20____.

Witnesses:

Signature of Agent

Street or Mailing Address of Agent

City, State, and Zip

Telephone Number of Agent

Notary Public