THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Designation of Personal Representative

This form may be completed by an individual who is covered by the Benefits Plan of the Presbyterian Church (U.S.A.). It provides limited powers of attorney to a personal representative who will handle Board of Pensions matters on behalf of the covered individual. (If you have already submitted a copy of a power of attorney to the Board of Pensions, you do not need to complete this form.)

The covered individual can revoke, at any time, in writing, the authority given to this personal representative by written notification to the Board. *(Print or type.)*

I, _____ , hereby appoint _____.
(Name of covered individual) *(Name of appointee)*

as my personal representative to handle or assist me in handling my Board of Pensions matters effective

☐ the date received ☐ when I become disabled or incompetent.

Personal representative

Name			
Address			
City		State	ZIP
Primary phone	Email		

Successor representative

Name			
Address			
City		State	ZIP
Primary phone	Email		

With this document I intend to create a durable power of attorney, which will remain in effect even if I become disabled or incompetent, to handle my matters with the Board of Pensions.

Protection of third parties who rely on my personal representative

Any person who relies in good faith upon any representations by my personal representative shall not be liable to me, my estate, my heirs or assignees, for recognizing the personal representative's authority.

Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Designation of Personal Representative

Powers of personal representative

I give my personal representative full authority to access my personal information and handle financial and benefit decisions for me with respect to Board of Pensions matters. My personal representative shall follow my wishes as known to my personal representative either through this document or through other means. When my personal representative interprets my wishes, I intend my personal representative's authority to be as broad as possible, except for any limitations I state in this form.

Unless specifically limited as noted in the Limitations section below, my personal representative is authorized as follows:
(Initial the applicable sections)

_____ **Medical plan matters**

A. To have access to medical records and information to the same extent that I am entitled, including the right to disclose the contents to others as appropriate for my healthcare.

B. To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other healthcare provider; signing any documents and pursuing any legal action at my expense to force compliance with my wishes as determined by my personal representative; or to seek actual or punitive damages for the failure to comply.

_____ **All other plans and programs**

A. Access personal financial, employment, and benefits records and information to the same extent that I am entitled, including the right to disclose the contents to others as appropriate for my healthcare.

B. To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any financial institution, hospital, physician, or other healthcare provider; signing any documents and pursuing any legal action at my expense to force compliance with my wishes as determined by my personal representative; or to seek actual or punitive damages for the failure to comply.

Limitations

Please describe any other limitations or modifications of your personal representative's powers:

General provisions

- A copy of this designation is intended to have the same effect as the original.
- If a particular provision or part of this designation is invalid and unenforceable, the remaining provisions shall continue in full force and effect.

By signing below, I indicate that I understand the contents of this document and the effect of this grant of powers to my personal representative. I also agree that I and my personal representative may receive communications from the Board of Pensions via email.

I sign my name to this Designation of personal representative on the day of *(mm/dd/yyyy)*		
Signature of covered individual		
Name of covered individual *(Print)*		
Address		
City	State	ZIP

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Designation of Personal Representative

Statement of witness(es)

I (We) declare that the person who signed or acknowledged this document is personally known to me (us), that he/she signed or acknowledged this Designation of personal representative in my (our) presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I am not:

- The person appointed as personal representative by this document,
- The covered individual's healthcare provider,
- An employee of the covered individual's healthcare provider,
- Financially responsible for the covered individual's healthcare,
- Related to the covered individual by blood, marriage, qualified domestic partnership, or adoption, and,
- To the best of my knowledge, a creditor of the covered individual or entitled to any part of his/her estate under a will now existing or by operation of law.

Witness #1

Signature	Date *(mm/dd/yyyy)*	
Name *(Print)*		
Address		
City	State	ZIP

Witness #2

Signature	Date *(mm/dd/yyyy)*	
Name *(Print)*		
Address		
City	State	ZIP

Notary

State of

County of

On this _____ day of _____, the said _____ , known to me *(or satisfactorily proven)* to be the person named in the foregoing instrument, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that he or she freely and voluntarily executed the same for the purposes stated therein.

Signature of Notary Public

My commission expires

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