

POWER OF ATTORNEY

I, _____, appoint
_____ as my agent (attorney-in-fact) to act
for me in any lawful way with respect to transactions concerning my interest in any and
all benefits under the Alameda County Employees' Retirement Association (ACERA).

(Optional) In case my agent cannot act, I appoint
_____ as alternate agent.

ACERA may act under this power of attorney on receipt of an original or a copy.
Revocation of this power of attorney will not be effective as to ACERA until ACERA
receives written notice of the revocation. I agree to indemnify ACERA for any claims
that arise against ACERA because of reliance on this power of attorney before receipt of
written notice of a revocation.

Check (1) or (2):

- _____ (1) This power of attorney is effective immediately.
- _____ (2) This power of attorney is effective only if and when (check
(a) or (b)):
 - _____ (a) I become incapacitated.
 - _____ (b) (Indicate date or event) _____.

Check (1) or (2):

- _____ (1) This power of attorney will continue to be effective even
though I become incapacitated.
- _____ (2) This power of attorney will terminate if I become
incapacitated.

Check (1) or (2):

- _____ (1) This power of attorney **will** authorize my agent to
designate or change the designation of beneficiaries to
receive any property, benefit, or contract right under
ACERA on my death.

_____ (2) This power of attorney **will not** authorize my agent to designate or change the designation of beneficiaries to receive any property, benefit, or contract right under ACERA on my death.

My address is: _____

My social security number is: _____

My agent's address is: _____

My alternate agent's address is: _____

Date: _____
Signature

ACKNOWLEDGMENT -- POWER OF ATTORNEY

State of California)
County of _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Notary Public