5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.state.pa.us Fax: 717.772.3860

PSRS-248-4 (08/2014)

POA Relationship Affidavit



Mail Center

PSERS Member's Name			Last Four Digits of SSN#
I,, agent for			(Member)
pursuant to that certain power of attorney dated		, being duly sworn according to	
law, do hereby depose and state that:			
My relationship to (Member) is as follows			ie.
(Member) is as follows			
(Identify family relationship, if any):			
		1	
Agent's Signature	Date	Agent's Printed I	Name
A south Address		Agent's Phone N	hou
Agent's Address Agent's Phone N		umber	
Ocadien to be considered by the Neteric			
Section to be completed by the Notary			
State of			Seal
County of			
On this, the day of, 20, before me, a			
Notary Public, personally appeared known to me (or satisfactorily proven) to be the person whose name is subscribed to the			
within Affidavit, and in due form of law acknowledged that s/he executed the same			
for the purposes therein contained.			
for the purposes therein contained.			
IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.			
Notary's Signature	Notary's Printed Name		Commission Expires

POA Relationship Affidavit