

5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860 PSRS- 248-4 (07/2019)	<h2 style="margin: 0;">POA Relationship Affidavit</h2>	 <p>PSERS</p>	Mail Center
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PSERS Member's Name	Last Four Digits of SSN#
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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
 (Identify family relationship, if any): _____.

Agent's Signature	Date	Agent's Printed Name
Agent's Address		Agent's Phone Number

Section to be completed by the Notary		
State of _____ 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. IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.	Seal	
Notary's Signature	Notary's Printed Name	Commission Expires