

KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY

LIMITED POWER OF ATTORNEY

(Durable Power of Attorney)

AGENT'S ACCEPTANCE AND AGREEMENT

**NOTE:** If a Power of Attorney is not submitted on the standard forms, it will have to be reviewed by the legal department for the Authority first, to determine if it complies with Kentucky law.

As Agent of \_\_\_\_\_, Participant in the Kentucky Public Employees' Deferred Compensation Authority Plans, I hereby accept appointment as Participant's Agent under the attached LPOA. I affirm that there is no limited conservator, conservator, limited guardian, or guardian of the Participant's estate or other fiduciary charged with the management of some of all of the Participant's property appointed by any court.

I indemnify and hold harmless the Authority and the Plans, and their employees and agents, from and against all claims, actions, judgments, settlement amounts, costs and liabilities, including attorneys' fees, arising from their reliance on this LPOA and any act or omission of mine.

\_\_\_\_\_  
Agent Name (Please Print)

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

NRN-1945KY-KY(07/2018)