

KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY

LIMITED POWER OF ATTORNEY
(Durable Power of Attorney)

SUCCESSOR 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 Successor Agent of _____, Participant in the Kentucky Public Employees' Deferred Compensation Authority Plans, I hereby accept appointment as Participant's Successor Agent under the attached LPOA. I affirm that it is my understanding and belief that the original agent is unwilling or unable to act for the Participant. I also 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.

Successor Agent Name (Please Print)

Successor Agent Signature

Date

STATE OF _____)

)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by

My commission expires: _____

Notary Public