

**COMMONWEALTH OF PENNSYLVANIA  
STATE EMPLOYEES' RETIREMENT SYSTEM**

**POWER OF ATTORNEY**

SERS296 | Rev: 7/7/2020

**NOTICE**

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. BY SIGNING THIS DOCUMENT, YOU ARE NOT GIVING UP ANY POWERS OR RIGHTS TO CONTROL YOUR FINANCES AND PROPERTY YOURSELF. IN ADDITION TO YOUR OWN POWERS AND RIGHTS, YOU MAY BE GIVING YOUR AGENT, THE PERSON DESIGNATED IN THIS DOCUMENT, THE POWERS TO HANDLE YOUR FINANCES AND PROPERTY, WHICH MAY INCLUDE THE POWER TO DISPOSE OF, SELL, AND CONVEY YOUR REAL AND PERSONAL PROPERTY, AND TO BORROW MONEY USING YOUR PROPERTY AS SECURITY FOR THE LOAN.

I have read or had explained to me this notice and I understand its contents.

  
Principal's Signature

09 / 15 / 2024  
Month Day Year

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**SECTION A — INFORMATION OF PRINCIPAL AND AGENT(S)**

**PRINCIPAL:**

Name: Helen Rose Kowalski  
SSN: XXX-XX-4872 DOB: 03/22/1951  
Address: 1847 Chestnut Ridge Road  
Harrisburg, PA 17104

**AGENT #1:**

Name: David M. Kowalski  
Relationship: Son Phone: (717) 555-0198  
Address: 2205 Market Street, Camp Hill, PA 17011

**AGENT #2 (if applicable):**

Name: Patricia A. Kowalski-Brennan  
Relationship: Daughter Phone: (717) 555-0342  
Address: 891 Limekiln Road, New Cumberland, PA 17070

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**SECTION B — IF MORE THAN ONE AGENT IS NAMED (check one)**

- ☐ My agents must act together for all requested transactions with SERS.
- ☒ My agents may act individually without the consent or signature of the other named agent.

**SECTION C — BENEFICIARY DESIGNATIONS (check one)**

- ☐ My agent(s) shall NOT have the authority to create or change beneficiary designations of my retirement plan.
- ☒ My agent(s) shall have the authority to create or change beneficiary designations of my retirement plan. My agent will only be permitted to name himself/herself or a dependent of the agent as beneficiary if the agent is the principal's ancestor, spouse, or descendant.

## SECTION D — PRINCIPAL'S SIGNATURE

In witness whereof, I have hereunto set my hand this 15th day of September, 20 24

Principal's Signature:



Principal's Printed Name: Helen Rose Kowalski

## WITNESSES

We, the undersigned witnesses, hereby attest that the principal signed above, that we observed the principal make the signature above, and that we then signed our names below in the presence of the principal and in the presence of each other.

Witness #1 Signature:



Printed Name: James T. Morrison

Address: 405 Pine Street, Harrisburg, PA 17101

Date: September 15, 2024

Witness #2 Signature:



Printed Name: Susan L. Chen

Address: 128 N. Second St, Apt 4B, Harrisburg, PA 17101

Date: September 15, 2024

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## NOTARY ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Dauphin

On this 15th day of September, 20 24, before me,

the undersigned notary public, personally appeared Helen Rose Kowalski

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 she executed the same in her authorized capacity.



Personally known to me



Proved to me on the basis of satisfactory evidence

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

Notary Signature:



Printed Name: Roberto A. Martinez

My Commission Expires: March 31, 2027



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## AGENT'S ACKNOWLEDGMENT

I, the named agent, have read the attached Power of Attorney and am the person identified as the agent for the principal. I hereby acknowledge that I shall:

- Act in accordance with the principal's reasonable expectations
- Act in good faith and exercise due care
- Keep the principal's property separate from my own