KENTUCKY PUBLIC EMPLOYEES' DEFERRED COMPENSATION AUTHORITY

LIMITED POWER OF ATTORNEY
(Durable Power of Attorney)

AGENT'S ACCEPTANCE AND AGREEMENT

As Agent of _____, Participant in the Kentucky Public Employees' Deferred Compensation Authority Plans, I certify under penalty of perjury that Participant granted me authority as agent, and I hereby accept appointment as Participant's Agent under the attached LPOA. I certify and affirm:

(1) that the Participant is alive and has not revoked the LPOA or any authority to act under the LPOA, and the LPOA and my authority to act under the LPOA have not terminated; and,

(2) 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

(8/2020)