



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds*

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SPECIAL POWER OF ATTORNEY (POA) FORM

A Special Power of Attorney (“POA”) Form was prepared for exclusive and voluntary use by employee-participants in the Benefit Plans of the Laborers’ District Council of Western Pennsylvania Pension Fund (“Pension Fund” or “Pension Plan”) and/or Laborers’ District Council of Western Pennsylvania Welfare Fund (“Welfare Fund” or “Welfare Plan”). This Form is designed for special needs in Pennsylvania solely with respect to the Pension Fund and/or Welfare Fund and is not to be utilized in other states or in any other circumstances.

The purpose of this Special Power of Attorney Form is to give the person you designate to be your “Agent” powers to handle your affairs under the Pension Plan and/or Welfare Plan, and also offers you the option to appoint an alternate Agent in the case your primary Agent is unable or unwilling to serve. Those powers include powers to take actions under these Plans without advance notice to you or approval by you. The law permits you, if you choose, to grant broad authority to an Agent under a power of attorney, including the ability to give away all of your rights under the Pension Plan and /or under the Welfare Fund Benefit Plan while you are alive, or to substantially change how your benefits under the Plans may be distributed at your death.

Your Agent may exercise the powers given under the POA throughout your lifetime, even after you become incapacitated, unless you expressly limit the duration of these powers, you revoke these powers, or a court acting on your behalf terminates your Agent’s authority. Your Agent must act in accordance with your reasonable expectations to the extent actually known by your Agent and, otherwise, in your best interest, act in good faith and act only within the scope of authority granted by you in the Power of Attorney.

The Funds emphasize the use of the Special Power of Attorney Form is voluntary and suggest you seek the advice of an attorney at law to make sure you understand the Special Power of Attorney Form. No person should utilize this Special POA for any broader or other purposes than those indicated in this Form. Likewise, if you choose to have a power of attorney for any broader or other special use, you should contact your own attorney to prepare a proper power of attorney to serve such interests.

For more information regarding the Special Power of Attorney (POA) Form, please contact the Laborers’ Combined Funds Office at 412-263-0900 or toll free at 1-800-242-2538.

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538
FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

