

SPECIAL POWER OF ATTORNEY

Know all people and corporations by this Special Power of Attorney that I,

_____, OSU CWID _____,

desiring to execute a SPECIAL POWER OF ATTORNEY, have made, constituted and appointed, and by these presents do make, confirm, constitute and appoint my designee named below my Attorney-in-Fact to act for me, on my behalf and in my name, place, and stead to conduct all business on my behalf with reference to employment related benefits or pay matters that I enjoy through my employment relationship with Oklahoma State University, unless specifically excluded by me as indicated below. Such authority granted herein includes performing all necessary acts in the execution of the powers stated above with the same validity as I could effect if personally present, making any changes in insurance coverage, benefits plan enrollment, or compensation arrangements for myself and any other persons who are or may be eligible to be enrolled in any benefits plan(s) offered to me as a result of my employment with Oklahoma State University, unless specifically excluded by me as indicated below. Further, I affirm that any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.

It is necessary for all business transacted hereunder for me or my account to be transacted in my name, and that all instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-fact."

All rights, powers, and authority of said Attorney-in-Fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and affect on _____ and such rights, powers, and authority shall remain in full force and effect thereafter until _____ (insert Further Notice if an expiration date is not desired).

SPECIAL POWER OF ATTORNEY DESIGNEE

Name: _____

Address: _____

City/State/ Zip: _____

Telephone Number: _____

E-mail: _____

Specific Exclusions of Special Power of Attorney Authority:
(Check if applicable)

- I do not authorize my designee to have access to my personnel file records.
- I do not authorize my designee to change my beneficiary designations.

IN WITNESS WHEREOF, I have hereunto set my signature this

_____ day of _____ 20__.

STATE OF OKLAHOMA)

) ss

COUNTY OF PAYNE)

I, _____, a Notary Public, do hereby certify that on the _____ day of _____, 20__, personally appeared _____, who is known by me to be the identified person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to her/him the contents thereof, s/he personally acknowledged to me that s/he signed the same on the date it bears as her/his true, free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF,

I have hereunto set my hand and official seal this day and year above.

Notary Public

SEAL

My Commission expires: _____