



**DEFERRED COMPENSATION DIVISION**

Self Directed Brokerage Account  
Participant Acknowledgment and Release Form

I, \_\_\_\_\_ (*print full name*), am a participant in the San Francisco Deferred Compensation Plan ("Plan"). I have established or will establish a Self Directed Brokerage Account ("SDB Account") under the Self Directed Brokerage Option ("SDBO") available under the Plan, which allows me access to invest in open end mutual funds. I understand and agree that:

- I am solely and fully responsible for determining whether the SDBO is an appropriate investment vehicle for me.
- I am solely and fully responsible for all aspects of my SDB Account, including but not limited to determining if an investment is appropriate for my personal retirement savings situation; conducting due diligence on investments; deciding whether to purchase, hold or sell an investment; issuing instructions regarding investments; monitoring investments and performance; and reviewing and evaluating fees, expenses, and any revenue sharing. I assume all risk for all losses or other consequences attributable to any investment or other decision I make regarding or in connection with my SDB Account.
- The San Francisco Retirement Board ("Board"), the Plan, and the San Francisco City and County Employees' Retirement System ("System") are not responsible in any way for any aspect of my SDB Account, including but not limited to providing any investment advice; selecting, approving or monitoring investments; reviewing investment performance; and evaluating and monitoring fees, expenses, and any revenue sharing.

I, for myself and my heirs, executors, administrators, assigns and successors, waive, release and discharge the Board, the Plan, the System and the City and County of San Francisco ("City"), and their officers, employees and agents, from any and all loss, cost, damage, injury, liability, and claims (collectively, "Claims") in any way arising out of, connected with or related to the SDBO or my SDB Account, including but not limited to any Claims for or related to investment decisions or losses.

**If you wish to appoint an Authorized Agent to make transactions in your SDB Account, please check the box below, and complete the "Trading Authorization for Self Directed Brokerage Account" form:**

I wish to authorize a third person as my agent and attorney-in-fact to act on my behalf in connection with my SDB Account ("Authorized Agent") and have executed or will execute the Plan's "Trading Authorization for Self Directed Brokerage Account" form. I understand and agree that the Board, Plan and System are not responsible in any way for any acts or omissions of my Authorized Agent, and that the Board, Plan and System will not review, approve or monitor the actions of my Authorized Agent. I further understand and agree that the Board, Plan and System will not review or evaluate any fees charged or costs assessed by that Authorized Agent. I, for myself and my heirs, executors, administrators, assigns and successors, waive, release and discharge the Board, the Plan, the System and the City, and their officers, employees and agents, from any and all Claims in any way arising out of, connected with or related to any acts or omissions of my Authorized Agent, including but not limited to any Claims for or related to investment decisions or losses.

This "Participant Acknowledgement and Release" is in addition to, and in no way limits or restricts, the terms of the Plan, the Plan Investment Policy Statement, other Plan policies and procedures, other applicable agreements, and applicable laws, rules and regulations.

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(Continued from Reverse Side)

To complete this form, your name and signature must be witnessed by San Francisco Deferred Compensation Plan (SFDCP) staff. If you complete this form outside the SFDCP office, your name and signature must be in the presence of a notary public. **This is a supplemental form that must be submitted along with the “Trading Authorization for Self Directed Brokerage Account” form.**

Print Participant Name: \_\_\_\_\_

Participant Signature and Date: \_\_\_\_\_

Signature of Authorized Agent and Date: \_\_\_\_\_

