DECLARATION OF AVAILABILITY OF GUARDIAN

I CERTIFY THAT I HAVE FULL KNOWLEDGE OF THE DUTIES AND RESPONSIBILITIES THAT I WOULD PERFORM AS A GUARDIAN OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name Social Security Number

SHOULD I BE APPOINTED GUARDIAN BY THE RETIREMENT SYSTEM, THE DUTIES AND RESPONSIBILITIES THAT I WILL DISCHARGE AS GUARDIAN ARE (AMONG OTHERS) THE FOLLOWING:

1. Those imposed by the CIVIL CODE OF PUERTO RICO, specifically to provide the minor or incapacitated person with food or education, according to his or her condition, as well as to ensure that he or she regains his or her capacity if he or she is incapacitated.
2. Exercise reasonable care and prudence in managing the funds received on behalf of the minor or incapacitated person, so that it results in the best interests and benefits of said person.
3. Expend funds on basic needs such as food, housing, medical expenses and medication, clothing, water, electricity, student expenses, transportation, personal care, grant an allowance to the spouse and/or children, and debts incurred by the pensioner.
4. To keep any such amounts not used after covering the needs of the person in a savings account.
5. To keep a true and accurate record of the use of the pension money or benefits and file a detailed report to the Retirement System every twelve (12) months from the date of the first appointment.
6. To notify the Retirement System of the death of the pensioner, incapacitated person, or beneficiary soon after it occurs, so that the Retirement System suspends the payments immediately.
7. The term of the guardian’s appointment is indefinite, except for resignation, removal or until the pensioner shows that he or she is capable of managing his or her assets, the minor is emancipated, or the payment of benefits ceases.
8. Failure to discharge any of the duties and responsibilities listed above or the grounds listed in the CIVIL CODE, shall be sufficient grounds for the guardian’s removal in accordance with the regulations in effect in the Retirement System.

I CERTIFY further that I have been duly informed by the Retirement System’s Administrative Guardian Designation Division, of all duties and responsibilities above; that I have understood the same and am willing to accept and assume such office freely and voluntarily, without any compensation whatsoever.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_.

 (Municipality/City) (State or Country) (day) (month) (year)

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 Name Date

 **Retention period: Same as the record of which it is a part.**