



Inter-American Development Bank

DURABLE POWER OF ATTORNEY

I, _____ (Retiree's name), residing at:

_____ (Retiree's address), appoint:

_____ (Name of attorney-in-fact), residing at:

_____ (Attorney-in-fact address):

as attorney-in-fact to act for me and in my name in any way that I could act in person with respect to the following matters concerning the Staff Retirement Plan of the Inter-American Development Bank (the "Plan"):

SELECT THE POWERS TO BE GRANTED WITH YOUR INITIALS

_____ To request and receive information concerning my benefits under the Plan;

_____ To execute certificates of eligibility for my benefits under the Plan;

_____ To make arrangements for the deposit of my benefits in bank accounts in my name and/or on my behalf.

The powers granted hereunder expressly do not include the power to change the beneficiary or beneficiaries whom I have designated to receive benefits under the Plan.

This Power of Attorney shall be durable, in that it shall not be affected by my subsequent incapacity. Further, this power shall remain in effect unless revoked in writing by me.

WITNESSES

In WITNESS WHEREOF, I have executed this Durable Power of Attorney on the _____ day of _____, _____

Signed in the presence of 2 witnesses:

1. _____
Signature

Print Name

Participant's Signature

2. _____
Signature

Print Name

ATTESTATION

I, _____ certify that the above power of attorney was signed today by the Principal in my presence.

Date: _____ Signature: _____ Title: _____

Official address: _____

Note: The attestation may be signed by any of the following provided that he is not a close relative of the recipient: magistrate or notary; in the Country Offices by the Representative or the Resource Planning and Administration Officer; and at Headquarters by the Executive Secretary or a Pension Administration Officer of the Retirement Plan Secretariat.