

AFFIDAVIT TO ACCOMPANY POWER OF ATTORNEY

I, _____, being duly sworn and deposed, hereby certify under penalty of perjury that:
(Name of Power of Attorney)

1. _____ (the "Shareholder") who resides at _____
_____ has appointed me to be his/her true and lawful attorney-in-fact and granted me the authority to act in such capacity on his/her behalf as an agent or successor agent in a power of attorney dated _____ (the "Power of Attorney Document"), a copy of which is attached to or provided with this Affidavit.
2. The authority granted to me by the Shareholder under that Power of Attorney Document includes, among other things, the power to act on the Shareholder's behalf with respect to all financial matters, including the transfer, redemption, or purchase of securities in, and the giving of instructions with respect to, the Shareholder's account.
3. The Shareholder is alive and has not revoked or limited the Power of Attorney Document or my authority to act under the Power of Attorney Document, and the Power of Attorney Document and my authority to act under it have not been terminated or limited by any court order or other legal action.
4. If the Power of Attorney Document was written to come into effect only upon the occurrence of a particular circumstance, including but not limited to the incapacity of the Shareholder, that circumstance has occurred and has been verified by any person or body required under the Power of Attorney Document, and the Power of Attorney Document is in full force and effect as of the date hereof.
5. If the Power of Attorney Document names me as a successor agent, the prior agent has resigned, died or otherwise become unwilling or unable to serve in that capacity and I have succeeded to that position.
6. All of the information that I have provided in this Affidavit is true and accurate and I understand that the Fund and the Fund's transfer agent and / or other service provider will be relying on this information.

This Affidavit is executed on this _____ day of _____, 20__

Signature of Power of Attorney

Printed Name of Power of Attorney

| | |
|--|-------------------------|
| Information about Power of Attorney required for Customer Identification Purposes: | |
| Address: | Date of Birth: |
| | Social Security Number: |

STATE OF:
COUNTY OF (or S.S.):

Sworn to before me by _____ this _____ day of _____, 20__

Notary Public
My commission expires: _____