



New York City Police Pension Fund

233 Broadway, 25th Floor
New York, New York 10279

(212) 693-5100

Affidavit Power of Attorney is in Full Force and Effect

An agent (attorney-in-fact) who submits or makes a request pursuant to a Power of Attorney that is more than five years old must submit this affidavit. This form must be filled out completely and be notarized.

Member Name: _____ Tax ID: _____ Pension No.: _____

Affidavit of Attorney-in-Fact:

I, _____ (full legal name), hereby declare the following:

I reside at _____,

city _____, state _____ zip _____.

My contact telephone number is _____. A Power of Attorney was executed by

_____ (member/ principal name), by which I was named an

attorney-in-fact, on _____ (date Power of Attorney was executed).

I hereby declare and affirm that I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent that the Principal is alive, has not revoked or repudiated the Power of Attorney and the Power of Attorney still is in full force and effect. I make this affidavit for the purpose of inducing the New York City Police Pension Fund to accept delivery of this affidavit, as executed by me in my capacity as the Attorney-in-Fact, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Power of Attorney.

State of _____,

ss:

County of _____,

On this ____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person described in and who executed the foregoing instrument, and s/he duly acknowledged to me that s/he executed the same.

Notary Public, State of _____
(Please affix stamp)

Print affiant's full legal name

Affiant signature

Date signed