

AFFIDAVIT OF ATTORNEY IN FACT

425 South Financial Place, Suite 1400 | Chicago, IL 60605-1000
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

I, _____ (Agent/Attorney-in-Fact), being duly sworn, hereby certify that:

1. _____ (Member/Principal), as PRINCIPAL, appointed me as Agent pursuant to a properly executed and notarized Power of Attorney that is attached hereto. The attached Power of Attorney is (check one): the original a true copy of the original.
2. I have signed this Affidavit freely and voluntarily for the purpose of establishing my authority as Agent for the PRINCIPAL. I intend that this Affidavit will induce CTPF to rely on my authority to take the following action on the PRINCIPAL's behalf (insert proposed action on the principal's account): _____

3. To the best of my knowledge the PRINCIPAL had the capacity to execute the Power of Attorney, is alive, and has not revoked the Power of Attorney.
4. My authority as Agent has not been altered or terminated, and the Power of Attorney remains in full force and effect.
5. All events needed to make the Power of Attorney effective have occurred. The circumstances or conditions stated in the Power of Attorney that would allow me to become the Attorney-in-Fact have occurred.
6. I have no actual knowledge of any other circumstances that would limit, change, revoke, or terminate the Power of Attorney or my authority to take the proposed actions described hereunder.
7. I am the (check one): ORIGINAL SUCCESSOR Attorney-in-fact
8. My relationship to the PRINCIPAL is: _____

ATTORNEY-IN-FACT INFORMATION

Name: First	M.I	Last	Suffix	
Mailing address: Street			Apt. or unit no.	
City	State	Zip	Telephone number (with area code)	

By signing this form I certify, under penalty of perjury, that this information contained herein is correct. I understand that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes a false statement or falsifies or permits to be falsified any record in an attempt to defraud the Chicago Teachers' Pension Fund is guilty of a Class 3 felony. I am aware that pursuant to Public Act 97-651, if the CTPF Board has a reasonable suspicion that a false record has been filed with CTPF, it is required to report the matter to the State's Attorney for investigation.

Agent/Attorney-in-Fact Signature	Date
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STATE OF _____

COUNTY OF _____

On this ___ day of _____, 20____, _____ personally appeared before me and known to me to be the individual whose name is subscribed as Agent in the foregoing instrument and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Notary signature _____

(Notary Seal)

Name of Notary Public and Title _____ Expiration Date of Commission _____