



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 (800) 348-7298

OFFICE SERVICES ONLY

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 (POA) that is more than ten years old must submit this affidavit. This form must be filled out completely and notarized.

Member/Principal Name:	NYSTRS EmplID:
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Affidavit of Agent:

I, _____, hereby declare the following:
Full Legal Name

I reside at _____, _____, _____, _____.
Address City State Zip Code

My contact telephone number is _____.

A POA was executed by _____,
Member/Principal Name

by which I was named an attorney-in fact on _____.
Date POA was Executed

I hereby affirm that I have no actual knowledge or notice of revocation or termination of the POA 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 POA and the POA is still in full force and effect. To the best of my knowledge, the Principal was mentally competent to manage their affairs at the time the said POA was executed, and I have no knowledge of any facts or circumstances which would cause me to doubt the Principal's competency at that time. I make this affidavit for the purpose of inducing NYSTRS to accept delivery of this affidavit, as executed by me in my capacity as the agent, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the POA.

Agent's Printed Name:	Agents' Signature:
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State of _____, County of _____ On this _____ day of _____, 20____
 before me personally appeared _____,
(Print Applicant's Name)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____

Affix Stamp (include expiration date)