

### Power of Attorney (POA) Form

#### STATE STREET BANK AND TRUST COMPANY AND BOSTON FINANCIAL DATA SERVICES, INC. INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION (Form# 106 10/2003)

Shareholder's Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Registration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Fund or Trust(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

do hereby make, constitute and appoint \_\_\_\_\_ whose

specimen signature is \_\_\_\_\_ and whose

address is \_\_\_\_\_

\_\_\_\_\_ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

(1) to transmit to the transfer agent State Street Bank and Trust Company ("State Street") and its service company Boston Financial Data Services, Inc. ("Boston Financial") either orally or in writing in accordance with procedures established by either State Street or Boston Financial from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s);

(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual funds; and

(3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold State Street, Boston Financial and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successses, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to BFDS and delivered to its main office, such revocation shall not effect any liability in any way resulting from transactions initiate prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death , disability or incompetence of the undersigned, this authorization shall continue and State Street, Boston Financial and the above named mutual funds(s) shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Shareholder/Grantor of Power of Attorney

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ S.S.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**INFORMATION FOR AND AFFIDAVIT OF ATTORNEY-IN-FACT**

**Important Notice – The USA PATRIOT ACT**

To help the government fight the funding of terrorism and money-laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account, beginning October 1, 2003..

What this means: As you are being named Attorney-in-fact to act on the above-referenced account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by USA Patriot Act. The bolded items below must be completed.

**Name of Attorney-in-fact:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Residential Address or APO/FPO:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

STATE OF

COUNTY OF

S.S.:

Being duly sworn and deposed, I affirm that:

\_\_\_\_\_ as principal, who resides at

\_\_\_\_\_

\_\_\_\_\_ did,

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ,

appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate.

\_\_\_\_\_  
Signature of Attorney-In-Fact

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_