

Power of Attorney (POA) Form

INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION

Shareholder Name(s):	Account Registration
Account Number(s):	Name of Fund
Home Phone: (____) _____	

I, _____ of _____

do hereby make, constitute and appoint _____ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

- (1) to transmit to the mutual fund(s) named above ("Fund") and its transfer agent or sub-transfer agent ("Service Company") either orally or in writing in accordance with procedures established by Service Company 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 Fund;
- (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said Fund; 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 the Fund, its agents, custodian, and Service Company 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 the Fund.

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, successes, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Fund or Service Company and delivered to Service Company's main office. Such revocation shall not effect any liability in any way resulting from transactions initiated prior to Service Company'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 the Fund and Service Company shall not be responsible for any action taken on the basis of this authorization until Service Company has received written notice thereof addressed to Fund or Service Company and delivered to Service Company's 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 (or 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 or she executed the same.

Notary Public

My commission expires: _____

AFFIDAVIT OF ATTORNEY-IN-FACT

Name of Attorney-in-fact:	

STATE OF:

COUNTY OF (or S.S.):

Being duly sworn and deposed, I affirm that:

_____ as principal, 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: _____