



Declaration of Attorney-In-Fact

Principal's SSN. XXX - XX - _____

The undersigned, being duly sworn, declares:

I am the person designated as the Attorney-In-Fact for _____ (the "Member" or "Principal") by the Power of Attorney ("POA") that was executed by Member or Principal on _____ (mm/dd/yyyy). A true and correct copy of the POA is (1) attached to this declaration, or (2) has been previously submitted and accepted by the San Francisco Employees Retirement System ("SFERS"), and is incorporated herein by this reference.

1. To the best of my knowledge, the Principal executed the POA while competent to do so and was not acting under duress or undue influence.
2. I have no knowledge of the termination of the POA, whether by revocation, the Principal's death, or otherwise; nor do I have any knowledge of any amendment or modification of the POA.
3. I understand that
 - a) The POA is durable, or
 - b) The POA is not durable, but I have no knowledge of any incapacity of the Principal that would render the POA void.
4. I am presenting this declaration and the POA to SFERS so that SFERS will permit me to undertake transactions authorized by the POA on behalf of the Principal.
5. I agree that I will notify SFERS of the Principal's death, and of any termination, revocation or modification of the POA. I also agree that, if the POA is not durable, then I will notify SFERS of any incapacity of the Principal that would render the POA void.

I hereby declare, under penalty of perjury, under the laws of the State of California and of the United States of America, that to the best of my knowledge the foregoing is true and correct.

(Attorney-In-Fact)

This form must be notarized or witnessed by SFERS staff. Please see following page.

SFERS Staff Witness

I have witnessed the Attorney-In-Fact’s signature in the Declaration of Attorney-in-Fact. I am an adult at least 18 years of age, and I am not the Attorney-In-Fact appointed by this Durable Power of Attorney. My signature certifies that the Attorney-In-Fact is known to me and is the same person who signed and dated the Declaration of Attorney-In-Fact.

SFERS Staff Signature

Date

SFERS Staff Printed Name

Notary Acknowledgment

STATE OF CALIFORNIA
COUNTY OF _____

On _____ before me, _____ personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary

(Seal)