



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Affidavit That Power Of Attorney is in Full Force**

This affidavit should be submitted by anyone with a Power of Attorney that was signed over one year ago. **In paragraph 1 below, you must provide the date the underlying POA was signed by the Principal (month, day and year) or this form will be deemed invalid.** Should you have any questions regarding this affidavit, please contact our Legal Unit at (347) 643-3510.

**Pensioner Information**

Pension Number	Last 4 Digits of SSN	Home Phone Number (    )	Work Phone Number (    )
First Name	M.I.	Last Name	
Address		Apt. Number	
City	State	Zip Code	

I, the undersigned, depose and say:

1. The Principal above did, in writing, appoint me as the Principal's true and lawful ATTORNEY(S)-IN-FACT in the Power of Attorney dated [MM/DD/YYYY]  
/ / .
2. I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney 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 Power of Attorney and the Power of Attorney still is in full force and effect.
3. I make this affidavit for the purpose of inducing NYCERS to accept delivery of this affidavit, as executed by me in my capacity as the ATTORNEY(S)-IN-FACT, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Power of Attorney and in paying good and valuable consideration therefor.

<b>Signature of Power of Attorney-in-Fact</b>	<b>Date</b>

**Print Name**

**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me the above named, \_\_\_\_\_, to me known, and known to me to be the individual described in 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.

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_  
 Official Title \_\_\_\_\_  
 Expiration Date of Commission \_\_\_\_\_

If you have an official seal, affix it