AFFIDAVIT AS TO THE POWER OF ATTORNEY
BEING IN FULL FORCE AND EFFECT – SIGNED IN THE UNITED STATES

STATE OF _____)
(name of state) SS:

COUNTY OF _____)
(name of county)

To: Pershing Advisor Solutions LLC and Pershing LLC
(name of introducing firm)

_____ being duly sworn, deposes and says:
(name of agent)

THAT _____ , as principal, who resides at _____ ,
(name of principal) (address of principal)

did in writing under date of _____, appoint me [his/her] true and lawful
(date of POA)

attorney, and that annexed hereto, and hereby made part hereof, is a copy of said power of attorney.

THAT I have no actual knowledge or actual notice of revocation or termination of the aforesaid power of attorney by death of said principal or otherwise, or notice of any facts indicating the same.

THAT I hereby represent that the said principal is now alive; has not, at any time revoked or repudiated that said power of attorney; and the said power of attorney still is in full force and effect.

THAT I have no actual knowledge, actual notice or notice of any facts indicating that the power of attorney has been modified in any way that would affect my ability thereunder to act as agent for any such transactions I may engage in pursuant to the power of attorney.

THAT I make this affidavit for the purpose of inducing Pershing Advisor Solutions LLC and
(name of introducing firm)

Pershing LLC to act upon my instructions in my capacity of attorney in fact of the said principal, with the full knowledge that the above-named parties in accepting my instructions and in paying a good and valuable consideration, will rely upon this affidavit. I hereby do fully indemnify and hold Pershing Advisor Solutions LLC
(name of introducing firm)

and Pershing LLC harmless for any losses, liability, claims and costs (including reasonable attorney's fees) resulting from any actions, transactions, withdrawals or transfers made in accordance with my instructions or my failure to provide instructions as the principal's attorney in fact.

THAT I will advise Pershing Advisor Solutions LLC immediately if the previously mentioned
(name of introducing firm)

power of attorney is revoked, modified or terminated or if the principal has deceased.

THAT I further understand that this affidavit shall remain in effect for three years at which time a new Affidavit as to Power of Attorney Being in Full Force and Effect will be required.

Date: _____ Signature: _____

Sworn to before me this _____ day
(insert ordinal date)

of _____ , _____ .
(name of month) (year)

_____
Notary Public

ATTY

FORM-US-POA-Affidavit-11-10

Pershing LLC, a subsidiary of The Bank of New York Mellon Corporation.
Member FINRA, NYSE, SIPC. Trademark(s) belong to their respective owners.