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)	
То:	and Pershing LLC
(name of introducing firm)	
	_ being duly sworn, deposes and says:
(name of agent)	
THAT(name of principal)	, as principal, who resides at, (address of principal) ,
(date of	, appoint me [his/her] true and lawful
•	nade 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
	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
• •	said power of attorney still is in full force and effect.
THAT I have no actual knowledge, ac	tual notice or notice of any facts indicating that the power of
attorney has been modified in any way that wo	uld affect my ability thereunder to act as agent for any such
transactions I may engage in pursuant to the po	ower of attorney.
THAT I make this affidavit for the pu	rpose of inducing and
	(name of introducing firm)
	y capacity of attorney in fact of the said principal, with the accepting my instructions and in paying a good and valuable
consideration, will rely upon this affidavit. I he	reby do fully indemnify and hold
	(name of introducing firm)
	pility, claims and costs (including reasonable attorney's fees) rawals or transfers made in accordance with my instructions acipal's attorney in fact
(name of intr	immediately if the previously mentioned oducing firm)
power of attorney is revoked, modified or term	
THAT I further understand that this af	fidavit 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:	
Swarm to hafara me this	day
Sworn to before me this(insert ordinal date	day e)
of,,(year)	- '
Notary Public	