

Declaration of Attorney-in-Fact

AS 1432 (Rev. 4/10)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Member Information (please print)

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

ATTORNEY-IN-FACT

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DAYTIME TELEPHONE NUMBER (ATTORNEY-IN-FACT)

ADDRESS (ATTORNEY-IN-FACT)

CITY

STATE

ZIP CODE

I declare that at the time I exercised the power of attorney described below via my request to CalSTRS to

_____, to my knowledge

STATE THE ACTION CALSTRS WAS ASKED TO TAKE; FOR EXAMPLE, CHANGE HOME ADDRESS

the power of attorney, naming me as the agent of _____

MEMBER/BENEFIT RECIPIENT

dated _____ is still valid and has not been terminated, either by revocation, the principal's

DATE OF POWER OF ATTORNEY (MM/DD/YYYY)

death or incapacity. This declaration is given on the basis of my actual knowledge as of this date.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

Executed this _____ day of _____, _____, in _____

Signed before a Notary _____

ATTORNEY-IN-FACT'S SIGNATURE

State of California
County of _____

On _____ before me, a Notary Public, personally appeared _____

ATTORNEY-IN-FACT

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorization capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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 PUBLIC SIGNATURE

NOTARY PUBLIC SEAL



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