AFFIDAVIT OF GENERAL POWER OF ATTORNEY



Individuals with a general power of attorney on file with TRS are required to confirm—on an annual basis—that this designation is still in effect; therefore, please complete this affidavit, have it notarized, and return it to TRS within 30 days of the date of the accompanying letter.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this affidavit.)

PART A: All information for the member/beneficiary must be provided below.

First Name	MI Last Name		Social Security Number (last 4 digits only)
Permanent Home Address		Apt. No.	TRS Membership/Retirement/Beneficiary Number
City	State Zip Code		Primary Phone Number (Check one: Home Work Mobile)
			Alternate Phone Number (Check one: Home Work Mobile)

Please keep the member's or beneficiary's personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address or phone number*.

If you are providing new information above, please indicate the effective date:

PART B: The attorney-in-fact must complete the following, and sign and date the statement below.

*I*, the undersigned, depose and say that the Principal above did, in writing, appoint me as the Principal's true and lawful ATTORNEY(S)-IN-FACT in the general power of attorney dated \_\_\_\_\_\_.

I have no actual knowledge or actual notice of revocation or termination of the general power of attorney by death, incompetence, or otherwise, or knowledge of any facts indicating the same. I further represent that the Principal is alive, has not revoked or repudiated the general power of attorney, and the general power of attorney still is in full force and effect.

I make this affidavit for the purpose of inducing TRS 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 general power of attorney and in paying good and valuable consideration therefor.

SIGNATURE OF ATTORNEY-IN-FACT	DATE (M/D/Y)	
	DATE (10/D/T)	

**PART C:** TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of	)			
County of	) S.S.: )			
On the	day of		,, before me personally a	appeared
person known to me to be individual who executed th			me that (s)he executed the same.	, the
Signature:				
Official Title:		Expiration Date	e of Commission:	