



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

NYCERS USE ONLY

F203

Affidavit That Power Of Attorney is in Full Force

This affidavit should be submitted by anyone with a Power of Attorney (POA) that was signed more than one year ago. **In bullet point 1 below, you must provide the date the underlying POA was signed by the Principal (month, day and year) below or this form will be deemed invalid.** Should you have any questions regarding this affidavit, please contact NYCERS' Call Center at 347-643-3000.

Print clearly in CAPITAL letters using only blue or black ink.

Member/Retiree Information

Member Number OR	Pension Number	Last 4 SSN	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width: 100%;" type="text"/>			
Address			Apt. Number
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
City	State	Zip Code	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email Address			
<input style="width: 100%;" type="text"/>			

I, the undersigned, depose and say:

- 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 .
- 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.
- 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.

Signature of Power of Attorney-in-Fact

Date

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Print First Name

M.I.

Print Last Name

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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 they acknowledged to me that they executed the same, and that the statements contained therein are true.

If you have an official seal, AFFIX IT

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

