

Power of Attorney Certification Form

Gemini Fund Services, LLC ("GFS") requires this form to be completed by the Attorney-in-Fact (AIF) under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

Please complete all sections and mail form to:

Gemini Fund Services, LLC
c/o (insert your mutual fund family name)
PO Box 541150
Omaha, NE 68154

Or Overnight:
Gemini Fund Services, LLC
c/o (insert your mutual fund family name)
4221 N. 203rd Street Suite 100
Elkhorn, NE 68022

1 SHAREHOLDER'S NAME ("Principal")(First,Middle,Last) _____
Account Number(s) _____

2 ATTORNEY-IN-FACT'S NAME (First, Middle, Last): _____

3 ATTORNEY-IN-FACT AFFIDAVIT Note: Gemini Fund Services, LLC requires this section be completed prior to processing any transaction submitted by the AIF.

I, _____, being duly sworn, depose and state that:

- 1. The principal validly executed, in accordance with state law, a power of attorney ("POA") dated _____, appointing me as his/her Attorney-in-Fact. Attached to this affidavit is a true and complete copy of the POA.
- 2. This POA is now in full force and effect. The Principal is now living and I have received no notice that the Principal has revoked or suspended this POA.
- 3. If the POA was drafted to become effective upon the happening of an event or contingency, that event or contingency has occurred. Any proof of the event or contingency required by the POA is attached.
- 4. If the POA has an expiration date, I acknowledge that the powers granted will expire as per the date referenced in the POA.
- 5. I make this affidavit for the purpose of inducing Gemini Fund Services, LLC to accept delivery of the attached instrument(s) as executed by me in my capacity as Attorney-in-Fact of the Principal, with full knowledge that this affidavit will be relied upon by Gemini Fund Services, LLC in accepting the instrument(s) affecting Gemini Fund Services, LLC Account Number(s) provided in Section 1 of this form.

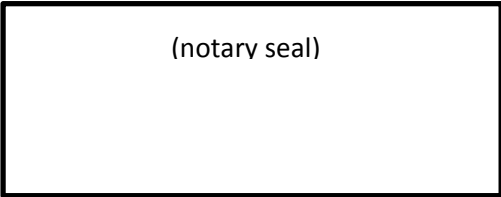
4 SIGNATURE (Must be Notarized or Medallion Signature Guaranteed)

Attorney-in-Fact's Signature

Date

5 NOTARIZATION
State of: _____ County of: _____

Subscribed and sworn or affirmed to before me on this _____ day of _____, 20____ by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



By: _____
Name: