



Declaration of Attorney in Fact

MS 1432 (Rev 12-00)

Member Name: _____ SSN: _____

Attorney in Fact: _____ Daytime phone number: (Attorney in Fact) _____

Address: (Attorney in Fact) _____

I declare that at the time I exercised the Power of Attorney described below via my request to the California State Teachers' Retirement System (CalSTRS) to _____, to my
(State the action CalSTRS was asked to take- i.e., Change home address, etc.)

knowledge Power of Attorney, given me by

_____ dated _____, _____, is still
(Member/benefit recipient) (Date of Power of Attorney)

valid and has not been terminated, either by revocation, the principal's death or incapacity. This declaration is given on the basis of my actual knowledge as of this date. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, _____, in _____, _____ State

Signed before a Notary _____
(Attorney in Fact's Signature)

State of _____) SS.
County of _____)
(Attorney in Fact's Social Security Number) (Optional)

On this _____ day of _____, _____ before me, a Notary Public, personally appeared _____ personally known to me (or proved to me on the basis
(Attorney in Fact)

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 authorized 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.

WITNESS my hand and official seal.

(Signature of the Notary Public)