

**CGM TRUST
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I, _____, of _____
Account Owner (Principal)

_____ County, State of _____, do hereby constitute and appoint
_____ of _____ County, State of _____, my true and
Attorney-in-fact

lawful attorney or agent ("Agent"), to purchase, exchange, and redeem in my name the CGM Fund account(s) listed below and to make, execute and deliver any and all written instructions necessary or proper to effectuate the authority hereby conferred, in accordance with the procedures established by the CGM Funds (the "Funds").

I hereby agree to indemnify and hold the Funds, UMB Bank, n.a., the Funds' transfer agent, ("UMB") and its service company Boston Financial Data Services, Inc. ("BFDS") harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) listed below:

Fund/Account # _____ Fund/Account # _____ Fund/Account # _____

The power and indemnity is continuing and, until receipt by the Funds, at BFDS, P.O. Box 8511, Boston, MA 02266, of written notice of revocation of the power herein granted or of conclusive notice of my death or legal incapacity, such revocation becoming effective as soon as the Funds and BFDS have had a reasonable time to act upon it, any action by the Funds or BFDS in reliance upon this power of attorney shall be fully binding upon me, my heirs, personal representatives, committee and assigns, and to that extent this power of attorney and indemnity shall not be deemed to have been revoked by my death or legal incapacity.

Specimen Signature of Agent (Attorney-in-fact)

Signature of Account Owner (Principal)

Date

State of _____

ss

County of _____

On _____, 20 _____, before me, the undersigned, a notary public within the County of _____, State of _____, personally appeared

_____, known to me to be the person whose name is subscribed to the within
Account Owner (Principal)

instrument, and acknowledged that (s)he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal this _____ day of _____, 20 _____.

Notary Public

My commission expires on _____, 20 _____.

Seal

(Over)

AFFIDAVIT OF ATTORNEY-IN-FACT

State of _____

ss

County of _____

IMPORTANT INFORMATION FOR AFFIDAVIT OF ATTORNEY-IN-FACT THE USA PATRIOT ACT OF 2001

To help the government fight the funding of terrorism and money-laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is granted authority to act on an account, beginning October 1, 2003.

Because you are a named Attorney-in-fact, authorized to act on the herein referenced account(s), we must ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure your identity as required by The USA PATRIOT Act of 2001. The bolded items below must be completed.

Name of Attorney-in-fact: _____

Social Security Number: _____ **Date of Birth:** _____

Residential Address or APO/FPO:

Street: _____

City, State, Zip: _____

I, _____, being duly sworn, hereby state that

Attorney-in-fact

_____, as principal, who resides at _____,

Account Owner (Principal)

did on _____, 20 ____, appoint me his/her true and lawful attorney by the foregoing instrument hereby made a part hereof.

Attorney-in-fact

Sworn before me this _____ day of _____, 20 _____.

Notary Public

My commission expires on _____, 20 _____.

Seal

Please mail to: The CGM Funds
c/o Boston Financial Data Services
P.O. Box 8511
Boston, MA 02266-8511

or by overnight mail to:

The CGM Funds
c/o Boston Financial Data
Services
30 Dan Road
Canton, MA 02021-2809