



# CGM FUNDS 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 and DST Asset Manager Solutions, Inc., ("DST"), the Funds' transfer agent, 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 DST, P.O. Box 219252, Kansas City, MO 64121, 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 DST have had a reasonable time to act upon it, any action by the Funds or DST 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committee and assigns, and to that extent this power of attorney and indemnity shall not be deemed to have been revoked by my death or legal incapacity.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 \_\_\_\_\_  
County of \_\_\_\_\_ ss

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



# AFFIDAVIT OF ATTORNEY-IN-FACT

State of \_\_\_\_\_

County of \_\_\_\_\_

SS

## 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

### QUESTIONS? CALL 800-343-5678

Return this form to: The CGM Funds, P.O. Box 219252, Kansas City, MO, 64121-9252

For overnight delivery, mail to: The CGM Funds, 430 W 7th Street, STE 219252, Kansas City, MO 64105-1407

Instructions and transaction requests by facsimile or email are not accepted.