5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.state.pa.us Fax: 717.772.3860

PSRS-248-1 (08/2014)

Agent's Acknowledgement



Mail Center

This form is to be submitted with a full copy of the Power of Attorney.

Ι,	, ha	ave read the attached power
of attorney and am the person identified as the agent for the principal. I		
hereby acknowledge that when I act as agent: I shall act in accordance with		
the principal's reasonable expectations to the extent actually known by me		
and, otherwise, in the principal's best interest, act in good faith and act only		
within the scope of authority granted to me by the principal in the power of		
attorney.		
Agent's Signature	Date	Agent's Printed Name