OHIO POLICE AND FIRE PENSION FUND 140 EAST TOWN STREET COLUMBUS, OHIO 43215-5164

LIMITED DURABLE POWER OF ATTORNEY (LDPOA)

Know All Men by These Presents, that the undersigned ("Principal") does hereby make, constitute and appoint:

Name______, whose address is ______, as my true and lawful attorney-in-fact for me and in my name, place and stead, to make application and to collect all sums due me from the Ohio Police & Fire Pension Fund ("OP&F"); and to make any and all elections or designations concerning the method of payment of these sums, including the designation of survivorship benefits and any elections relating thereto and the address to which the benefits are sent; and to make any and all elections for health care coverage and/or related benefits or documentation.

IN ADDITION, BY MARKING THIS BOX AND PLACING MY INITIALS ON THE LINE ADJACENT TO IT, I hereby authorize my attorney-in-fact to make such designations and/or elections which may result in my attorney-in-fact obtaining a beneficial interest in my OP&F benefits. While this may be construed to be self-dealing, I hereby authorize such action and agree that OP&F can rely upon this election in processing any application for OP&F benefits.

Principal hereby grants unto said attorney-in-fact full power and authority to do and perform every act necessary, requisite, or proper to be done in and about the premises as fully as I might or could do were I personally present, with full power of revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall not be affected by disability of the principal or lapse of time.

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The Principal, his/her heirs, representatives, and assigns, understand the full and complete legal impact in executing this LDPOA and hereby agrees to hold OP&F, its members, employees, etc. harmless for any alleged misuse, mismanagement, malfeasance, etc. by the attorney-in-fact in exercising any and all powers granted under this LDPOA. Furthermore, no person who relies in good faith upon the authority granted hereunder shall incur any liability to me, my estate, my heirs, successors, or assigns.

IN WITNESS WHEREOF, I have signed this Power of Attorney on ______, 20_____.

Signed and Acknowledged in the Presence of:

STATE OF _____

COUNTY OF

Principal (OP&F Member) Printed Name_____

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BE IT REMEMBERED, that on ______, 20_____, before me, the subscriber, a Notary Public in and for said county and state, personally came the above signed OP&F Member and acknowledged the signing and execution of the foregoing instrument to be his or her free and voluntary act and deed.

SS:

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

Notary Public

OP&F IS PROVIDING THIS INSTRUMENT TO ITS MEMBERS AS A MATTER OF COURTESY; DUE TO THE SIGNIFICANCE OF THIS DOCUMENT, OP&F RECOMMENDS THAT YOU SEEK LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT AND ANY QUESTIONS REGARDING ITS USE SHOULD BE DIRECTED TO THE MEMBER'S INDEPENDENT LEGAL COUNSEL