

# Limited Power of Attorney

Please return completed from to:  
State Street Global Advisors  
P.O. Box 701  
Milwaukee, WI 53201-0701

The State Street Global Advisors Funds are required to comply with the USA Patriot Act, which obligates us to obtain, verify and maintain certain pieces of information for all registered owners and all authorized individuals. This Act is part of an overall effort to combat money laundering and terrorism. Please know that we respect the confidentiality of this information and that we will not share this personal information with anyone unless required by law. We will not accept your appointment of the below Power of Attorney without the following required information for the individual: Full Name, Date of Birth, Social Security Number and Permanent Street Address. If you have any questions, please call 800-242-0134.

## 1. Account Information - Please complete the following information as it appears on your account statement.

\_\_\_\_\_

Fund Name

\_\_\_\_\_

Account Number

\_\_\_\_\_

Social Security / Tax ID Number

\_\_\_\_\_

Account Registration (Account Owners)

## 2. Attorney-in-Fact Information - Please complete the following information for the individual named as Power of Attorney.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Social Security / Tax ID Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

Apartment / Suite

\_\_\_\_\_

Date of Birth (MM/DD/YYYY)

\_\_\_\_\_

City / State / Zip Code

\_\_\_\_\_

Daytime Telephone Number

## 3. Signatures and Signature Authentication

I/We, owners of shares listed in Section 1 above, do hereby designate and give power of attorney to the individual listed in Section 2 above, to act as my/our attorney-in-fact to purchase, transfer, exchange and/or redeem shares on my/our behalf in the above mentioned fund. SSGA Funds Management, Inc., the Fund (the "Fund") and its transfer agent, U.S. Bank Global Fund Services, are hereby authorized to honor all such purchase, transfer, exchange and/or redemption request received by them on my/our behalf from my/our power of attorney. This authorization is limited to allow my/our power of attorney to act only for the account listed in Section 1 above.

This authorization shall be binding and remain in effect until such time as written notification of cancellation from the undersigned is received by U.S. Bank Global Fund Services. I/We agree to assume full responsibility and liability against loss, cost, damage or expense offered or incurred by the Fund, the Fund's investment adviser, the distributor, and/or U.S. Bank Global Fund Services arising out of the unauthorized use of the powers set forth in this agreement. Further, I/we agree to indemnify, hold harmless and release the Fund, the Fund's investment adviser, the distributor, and/or U.S. Bank Global Fund Services, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

X

\_\_\_\_\_

Signature of Owner

\_\_\_\_\_

Date (MM/DD/YYYY)

X

\_\_\_\_\_

Signature of Joint Owner (If Applicable)

\_\_\_\_\_

Date (MM/DD/YYYY)

X

\_\_\_\_\_

Signature of Attorney-In-Fact

\_\_\_\_\_

Date (MM/DD/YYYY)



Signature Guarantee/Signature Validation/Notary Stamp\*

\*Note: All signatures must be guaranteed or validated by a bank, member firm of a national securities exchange, savings and loan association, credit union or other entity authorized by state law to guarantee signatures. A notary public from a financial institution is also able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.