

Power of Attorney Affidavit and Indemnification Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

Use this form to certify the validity and effectiveness of an existing Power of Attorney.

- A Power of Attorney may not be used for Janus Henderson Custodial, Trust, Estate, Conservatorship/Guardianship, or Coverdell Education Savings Accounts.
- Some transactions may require additional documentation or may be prohibited. For assistance in determining the requirements for a particular request, please call a Janus Henderson representative at 800-525-3713.
- You must provide a copy of the Power of Attorney agreement.
- This form must be mailed back to Janus Henderson; faxed copies are not acceptable.

Step 1 - Provide current account information (all fields required)

Account Owner

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Joint Account Owner (if applicable)

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Step 2 - Provide account(s) that will have Power of Attorney added

☐ Add Power of Attorney to all applicable accounts under the primary owner's SSN.

- OR -

☐ Only add Power of Attorney to account number(s):

Remember to sign on the last page

Step 3 - Provide Power of Attorney (Agent) Information (all fields required)

Agent

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Address (No PO Box addresses)

City

State

Zip Code

Preferred Phone Number

E-mail Address

Co-Agent (if applicable)

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Address (No PO Box addresses)

City

State

Zip Code

Preferred Phone Number

E-mail Address

Remember to sign on the last page

Step 4 - Please read and sign below

I, the Attorney-in-Fact/Agent, being duly sworn, depose and state that the attached Power of Attorney is in full force and effect, and to the best of my knowledge, I affirm and state that:

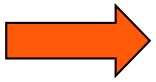
1. I am the Agent named in the Power of Attorney executed on _____ by _____; (account owner) and
2. The account owner is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
3. A petition to determine the incapacity of, or to appoint a Guardian for, the account is not pending; and
4. Unless specifically authorized by the attached Power of Attorney, any transfer shall not be made into an account titled in the name of the Agent, and any remittance of sale proceeds shall not be in the name of the Agent.
5. I agree not to exercise any powers granted to me by the attached Power of Attorney I know or have reason to believe that have been revoked, terminated, suspended or no longer valid due to any reason whatsoever; including without limitation, death of the account owner or revocation by operation of law; and
6. I agree not to give, transmit, convey, or issue any instructions concerning the above-referenced account(s) that I know or believe are not authorized by or otherwise not in compliance with, or in violation of the attached Power of Attorney; and
7. I hereby agree to indemnify and hold Janus Henderson, its affiliates, and any directors, officers, employees, or agents of these entities, including without limitation each Janus Henderson Fund, harmless from any claims and costs (including reasonable attorney's fees) that may arise to it by reason of its having relied upon my instructions, either oral, written or electronically under the authorization contained in the Power of Attorney.
8. I understand and agree that Janus Henderson will act pursuant to the terms of the attached Power of Attorney until such time as written notification of termination of the Power of Attorney, or as stated in the Power of Attorney or appropriate court order has been received by Janus Henderson.
9. I agree that any information given on this Affidavit and Indemnification may be subject to verification. I agree to be bound by all terms and conditions set forth in any agreements related to the account owner's Janus Henderson accounts (including the applicable prospectus(es), IRA Custodial Agreement and Disclosure Statement).
10. To help the government fight the funding of terrorism and money laundering activities, Janus Henderson is required to obtain, verify, and record information that identifies the Agent acting on behalf of the account owner. Your ability to perform transactions in the account may be affected or otherwise delayed if Janus Henderson cannot readily verify the accuracy of the required information in Step 3.

Remember to sign on the last page

Step 4 - Continued

All agents must sign and have their signatures notarized.

Signed:

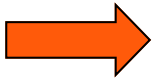


X

Signature of Agent

Date

Printed Name of Agent



X

Signature of Co-Agent

Date

Printed Name of Co-Agent

Step 5 - Notary Public Information

State of: _____

County of: _____

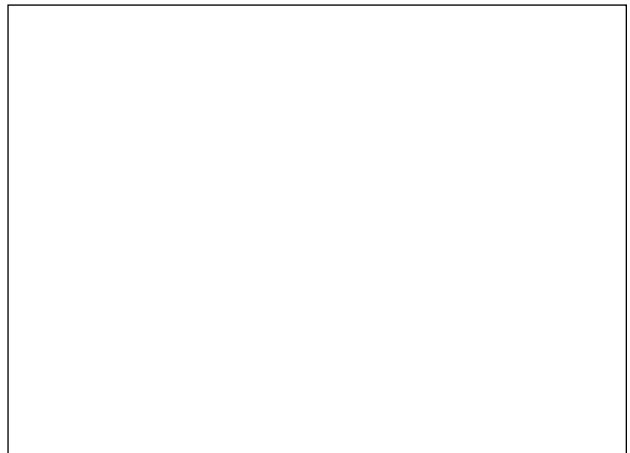
Subscribed and Sworn to Before me by the said

_____,

on the _____ day of _____, 20_____.

X

Signature of Notary Public



Notary Public Seal