

# NUVEEN FUNDS POWER OF ATTORNEY (POA) FORM (A CLASS ONLY)

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#### INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION

Please send your signed and completed form to Nuveen Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please contact Nuveen Funds with any questions at 800-257-8787.

By signing this form, investor(s) acknowledges that neither Nuveen Funds nor any affiliate or service provider to Nuveen Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in Nuveen Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

<b>1. ACCOUNT INFORMATION</b> (REQUIRED)		
Please fill out this section with your current registration and blue ink.	d Nuveen Mutual F	Fund account number(s). Please print and only use black or da
Account Registration/Name of Account Owner(s)		
to delegate powers and appoint Agents. Please review the	trust document to point the Agent. You	t, the trust document must provide the trustees with the authoric ensure that an Agent may be added to the Account. You will be ou will also be asked to certify that the trust document permits s.
All my Mutual Fund Accounts (Note: This will not app	ly to my other Nuve	veen Brokerage, Insurance and Pension accounts)
Mutual Fund Account Number(s)		,
Daytime Phone	<b>E</b>	Evening Phone



### 2. POWER OF ATTORNEY

I.

I hereby agree to indemnify and hold DST Asset Manager Solutions, Inc. and the above-named mutual fund(s) 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) with any of these mutual funds. Nuveen Funds, in its sole discretion and for whatever reason, may request additional documentation from you prior to effecting any instruction, including but not limited to executing any transaction, requested by Agent.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST Asset Manager Solutions, Inc. and delivered to its main office. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to DST Asset Manager Solutions, Inc. acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and DST Asset Manager Solutions, Inc. and the above-named mutual funds(s) shall not be responsible for any action taken on the basis of this authorization until DST Asset Manager Solutions, Inc. has received written notice thereof addressed to DST Asset Manager Solutions, Inc. and delivered to its main office.

If the Account is a trust account, you certify that the trust document permits the appointment of the Agent by you and certify the trust document permits the Agent to exercise the authorities set forth in this form over the Account. You also warrant and represent that your appointment is consistent with the terms of the trust. For trust accounts, please complete section 3 on page 4 instead of the notary certification in this section.

do hereby make, constitute and appoint

	whose address is
Social Security Number D	ate of Birth (mm/dd/yyyy)
my true and lawful attorney or agent ("Ag	ent") for me and in my name, place and stead:
procedures established by either DST	its service company, DST Asset Manager Solutions, Inc., either orally or in writing in accordance with Asset Manager Solutions, Inc. from time to time, instructions for the purchase, sale, exchange or account(s) I may hold with the above-named mutual fund(s);
(2) to make, draw, sign, endorse, negotial fund(s); and	te, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual
(3) to enter into all other lawful transaction	ons with respect to any of my said mutual fund account(s).
The undersigned has read the foregoing i	n its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the
Signature of Shareholder/Grantor of Pow	ver of Attorney



NOTARY CERTIFICATION				
STATE OF COUNTY OF		S.S.:		
On this day of , 20 me personally known to be the individual describe executed the same.		ne personally appeared , to the executed the foregoing instrument, and acknowledged that he or she		
Notary Public		My Commission Expires (mm/dd/yyyy)		
INFORMATION FOR AND AFFIDAVIT OF ATTORNE	Y-IN-FACT			
Must be completed by the Attorney-in-Fact.				
Name of Attorney-in-Fact				
STATE OF COUNTY OF		S.S.:		
Being duly sworn and deposed, I affirm that:				
		as principal, who resides at		
	did, on this	day of , 20 , appoint me his true and		
lawful attorney by the foregoing instrument herel I have provided above is true and accurate.	oy made a part h	ereof. I further certify, under penalty of perjury, that the personal information		
Signature of Attorney-in-Fact				
Sworn to before me this day of	, 20			
Notary Public		My Commission Expires (mm/dd/yyyy)		



## 3. MEDALLION SIGNATURE GUARANTEE (REQUIRED FOR A TRUSTEE ONLY)

A Medallion Signature Guarantee is not the same as a notarized signature. You must obtain a medallion signature from a national or state bank, federal savings and loan association, savings bank, or member of a national stock exchange who is a member of the medallion signature program. A notary public is not an acceptable Medallion Signature guarantor.

I certify that the above-named person as described and whose identity is known or proven to me personally appeared before me on the date and location listed below.

Medallion Signature Guarantee for Trustee requesting to add an Attorney-in-Fact as an agent in their capacity as a trustee to the Trust account.

Today's Date (mm/dd/yyyy)	
City	State Zip
Print Name of Certifying Officer	
Title of Certifying Officer	

## **RETURN COMPLETED FORM(S) TO:**

Please return ALL numbered pages, including any pages you did not need to complete.

STANDARD MAIL: OVERNIGHT:
Nuveen Funds
Nuveen Funds
Nuveen Funds
Nuveen Funds

P.O. Box 219140 801 Pennsylvania Ave

Kansas City, MO 64121-9140 Suite 219140

Kansas City, MO 64105-1307

