

ACKNOWLEDGMENT OF ATTORNEY-CLIENT PRIVILEGED MEETING  
AND COMMUNICATIONS

I, \_\_\_\_\_, am attending a meeting on November 18, 2010, at the Balboa Park Club in San Diego, California, at the invitation of the San Diego Municipal Employees Association for the sole and exclusive purpose of getting legal advice from MEA's attorney Ann M. Smith related to my individual rights in the wake of SDCERS' proposed revisions to my purchase of service credit contract(s). I also recognize that others who are similarly-situated will be in attendance at this meeting for the same purpose.

I acknowledge that all communications which occur during this meeting, whether from Ann M. Smith, Esq. to those in attendance or from those in attendance to Ann M. Smith, are protected by either the attorney-client or the attorney-work-product privilege, or both.

Recognizing that I have been invited to participate in this meeting with the understanding that I will maintain the confidentiality of the privileged communications which will take place, I am signing below to state my unequivocal agreement to do so. Accordingly, my signature below indicates by agreement that I will not disclose the communications exchanged during this meeting to any person *other than* a family member, friend or financial advisor whose advice and opinion I am soliciting in order to determine how I should proceed in this matter.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone or Cell Phone #: \_\_\_\_\_ Mail Station: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Total Years Purchased: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Status:  Active  Retired (date: \_\_\_\_\_)  In DROP (5-year termination date: \_\_\_\_\_)

If you are attending this meeting on November 18, 2010, as a proxy on behalf of an affected plan participant, please sign your name below to state your agreement not to disclose the communications exchanged during this meeting to any person other than the employee or retiree who has asked you to attend this meeting on his/her behalf. You must also provide the information requested above to identify the name and contact information of the person(s) for whom you are attending. Please use more than one form if necessary.

Signature of Proxy: \_\_\_\_\_

Printed Name of Proxy: \_\_\_\_\_