

Full trading authorization gives a designated person the power to place orders in an account, request disbursements and make inquiries concerning the account, such as obtaining account balances. Limited trading authorization gives a designated person the above powers, excluding the ability to request disbursements.

NOTE: By giving your agent full trading authorization, you are authorizing your agent to make gifts or other transfers of your money or other property from your account during your lifetime, without restriction, to any one or more persons, **including the agent himself or herself**. Granting such a power to your agent gives your agent the authority to take actions which could significantly reduce your property or change how your property is distributed at your death.

Please check one of the following boxes to indicate whether you want your agent to have limited trading authorization or full trading authorization:

LIMITED TRADING AUTHORIZATION

In all such purchases, sales or trades, Financial Organization is authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with Financial Organization, and he or she is authorized to act for the undersigned and on the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do with respect to such purchases, sales or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades. Limited trading authorization does not permit the authorized agent to redeem or withdraw assets from the undersigned's account.

FULL TRADING AUTHORIZATION

Financial Organization is authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with Financial Organization, and to make deliveries of securities and payment of moneys, without restriction, to any one or more persons (**specifically including the agent himself or herself**) as he or she may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account of the undersigned, the authorized agent is authorized to act for the undersigned and on the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do. The agent must exercise this authority pursuant to the undersigned's instructions, or otherwise for purposes which the agent reasonably deems to be in the principal's best interest.

III. REVOCATION

This document does not revoke any other powers of attorney that the undersigned has previously executed, unless the undersigned has specified otherwise on the lines below.

IV. INDEMNIFICATION

The undersigned hereby ratifies and confirms any and all transactions with Financial Organization or National Financial Services heretofore or hereafter made by the aforesaid agent for the undersigned's account. This Trading Authorization/Power of Attorney and Indemnification is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to Financial Organization and delivered to Financial Organization's office at its address, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This Trading Authorization/Power of

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

**VIII. AUTHORIZED AGENT: AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT—
Signature(s)**

I/we, _____, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein. I/we acknowledge my/our legal responsibilities to the principal.

AGENT'S NAME:

AGENT'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP/POSTAL CODE:** _____

PROVINCE/COUNTY/SUBDIVISION: _____ **COUNTRY:** _____

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SOCIAL SECURITY NUMBER

TAXPAYER IDENTIFICATION NUMBER (if applicable)

CO-AGENT'S NAME:

CO-AGENT'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP/POSTAL CODE:** _____

PROVINCE/COUNTY/SUBDIVISION: _____ **COUNTRY:** _____

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SOCIAL SECURITY NUMBER

TAXPAYER IDENTIFICATION NUMBER (if applicable)