

# LIMITED POWER OF ATTORNEY (LPOA)

Account Holder \_\_\_\_\_ Account Number \_\_\_\_\_

*This LPOA gives your designated agent the power to conduct all transactions (with the exceptions noted below) in your Account. Please read carefully before signing. **This form must be completed in full and will only be accepted with original signatures.***

I hereby authorize \_\_\_\_\_ to be my agent and attorney-in-fact to conduct all transactions, except as limited below, to the extent of the terms as previously agreed to in my Individual Retirement Account Application. **This LPOA may not be used to direct Distributions or Transfers.**

This LPOA will remain in effect until the Administrator\* has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of or relating to their reliance on this LPOA. This indemnity and hold harmless provision shall survive any Termination of this LPOA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Signature must be verified by means of a Medallion Guarantee or Notary Public. Most commercial banks, savings banks, credit unions, trust companies, title companies or member firms of a U.S. Stock exchange offer this type of service.***

Signature of Attorney-in-Fact \_\_\_\_\_