



IRA RESOURCES, INC.

QUESTIONS? 888 322 6534
SUBMIT FORM: forms@iraresources.com 858 459 6565 fax

Limited Power of Attorney (LPOA)

1. ACCOUNT OWNER INFORMATION

Form with fields: Full Name (as it appears on your account application), Account Number, Account Type (checkboxes for Traditional, Roth, SEP, SIMPLE, HSA, ESA), Email Address, Daytime Phone Number.

2. LIMITED POWER OF ATTORNEY

You Must Provide a Clear Copy of Photo ID for Attorney-in-Fact

This Limited Power of Attorney (LPOA) gives your designated agent the power to conduct all transactions (with exceptions noted below) in your account. This form must be completed in full and it will only be accepted with the signature of your attorney-in-fact and legible copy of ID.

This LPOA may not be used to direct distributions, transfers, or to close the account.

Form with fields: Name of Attorney-In-Fact, Date of Birth, Social Security Number, Legal Street Address, City, State, Zip, Email Address, Daytime Phone Number, Evening Phone Number, Fax Number, Signature of Attorney-In-Fact, Date.

3. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

Your signature is required. Please ensure that you read and acknowledge the following disclosure before you sign and date this form.

I hereby authorize person named above to be my agent and attorney-in-fact to conduct all transactions, except as noted, to the extent of the terms as previously agreed to in my Account Application. I understand this LPOA will remain in effect until IRAR Trust Company has received written notice of revocation from me. I understand that I have the option to designate or remove an Agent with LPOA at any time.

I understand that IRAR Trust Company is not a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold IRAR Trust Company harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorneys' fees, and/or third-party claims, arising out of and/or in connection with their reliance on this LPOA. This indemnity and hold harmless provision shall survive any Termination of this LPOA. In the event of claims by others related to my account and/or investment wherein IRAR Trust Company is named as a party, IRAR Trust Company shall have the full and unequivocal right at its sole discretion to select its own attorney(s) to represent it in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by IRAR Trust Company in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by IRAR Trust Company, on demand by IRAR Trust Company, I will promptly reimburse IRAR Trust Company the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, IRAR Trust Company shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the IRAR Trust Company will not be responsible to take any action should there be any default with regard to this investment. For purposes of this paragraph, the term IRAR Trust Company includes IRA Resources, its agents, assigns, joint ventures, affiliates and/or business associates.

Important Information for Limited Power of Attorney. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All LPOA's must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable, so we can verify the LPOA's name, driver's license number, etc.

If any provision of this LPOA is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Form with fields: PRINT NAME, ACCOUNT OWNER SIGNATURE, DATE.

NOTARY CERTIFICATION REQUIRED STATE OF _____ COUNTY OF _____ I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared _____; to me personally known or who produced the foregoing _____ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same. Witness my hand and official seal in the County and State last aforesaid this _____ day of _____ NOTARY PUBLIC _____