

DURABLE POWER OF ATTORNEY AFFIDAVIT & INDEMNIFICATION

Email: newaccounts@stockcross.com | Phone: 800.225.6196 | Fax: 402.342.2486

Use this form to certify to StockCross Financial Services the validity and effectiveness of a Durable Power of Attorney ("POA") for your brokerage account. Power of Attorney is not permitted on certain registration types, including custodial, estate, conservator, Keogh, non-prototype retirement accounts and other fiduciary registrations.

- Read all instructions carefully, use a pen and print clearly
- Complete the Customer Information section below. The individual being designated under the Power of Attorney "Attorney-In-Fact" must complete Sections 2 and 3. The Attorney-In-Fact's signature must be notarized in Section 4.
- Submit a copy of valid Durable Power of Attorney documentation, and any supporting documents required, with this form. Note that an original form must be completed for each Attorney-In-Fact added to your account.
- If the Power of Attorney is to be utilized on more than one account, please submit a separate affidavit for each account.
- If the account referenced on this form currently has checkwriting and you wish that the Attorney-In-Fact be provided checkwriting capabilities, the account owner and the Attorney-In-Fact must complete and return the applicable signature card.

Return the completed form and your POA documentation to StockCross Financial Services at the address below.

1. CUSTOMER INFORMATION

NAME OF ACCOUNT OWNER	<input type="checkbox"/> SOCIAL SECURITY NO.
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2. ATTORNEY-IN-FACT INFORMATION

NAME OF INDIVIDUAL DESIGNATED AS ATTORNEY IN FACT	<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. COUNTRY OF TAX RESIDENCE
DATE OF BIRTH <i>mm/dd/yyyy</i>	TYPE OF GOVERNMENT-ISSUED ID ID NUMBER
EVENING PHONE DAYTIME PHONE	STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ID EXPIRATION DATE
COUNTRIES OF CITIZENSHIP	

Legal Address

ADDRESS <i>(Cannot be a Post Office Box)</i>
CITY STATE/PROVINCE ZIP/POSTAL CODE
COUNTRY

Mailing Address *Same as Legal Address*

ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE
COUNTRY

Employer Information and Affiliations *Attach additional sheet if needed.*

Employment Status Employed Retired Not Employed

OCCUPATION	INCOME SOURCE <i>If retired or not employed</i>		
EMPLOYER NAME			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	STATE/PROVINCE	ZIP	COUNTRY

I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors). *If yes, provide name of company:*

COMPANY NAME	COMPANY SYMBOL/CUSIP
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Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:*

Same as My Employer.

AFFILIATED ENTITY NAME			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	STATE/PROVINCE	ZIP	COUNTRY

3. AFFIDAVIT AND INDEMNIFICATION

To: StockCross Financial Services:

I, the above-named Attorney-In-Fact, being duly sworn, do hereby declare under penalties of perjury depose and state that the attached Power of Attorney is in full force and effect, and to the best of my knowledge, I and state that:

1. I am the Attorney in Fact named in the Power of Attorney executed on _____ (Date) by _____ (Account Owner) and
2. The Account Owner is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
3. A petition to determine the incapacity of, or to appoint a guardian for, the Account Owner is not pending; and
4. In the event that more than one Attorney-In-Fact is named in the Power of Attorney, I certify that I am authorized to act severally and that You may take instruction from me acting independent of all other Attorneys-In-Fact, including delivery of assets to me personally; and
5. I agree not to exercise any powers granted to me by this Power of Attorney if I know or have reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid due to any reason whatsoever; including, without limitation, death or adjudication of incapacity of the Account Owner or revocation by operation of law; and
6. I understand that in the event of conflicting instructions given by Attorneys-In-Fact or an Account Owner and an Attorney-In-Fact, You may restrict the account until joint written instructions are received to your satisfaction; and
7. I understand that You may, in your discretion, restrict my ability to take distributions or withdrawals from the account after presentation of the Power of Attorney document; and
8. I agree not to give, transmit, convey or issue any instructions concerning the above-referenced account that I know, or believe are in non-compliance with or in violation of the Power of Attorney; and
9. If the account named above is an IRA, I agree not to give, transmit, issue, or convey any instructions that are not in compliance with the terms of the IRA Custodial Agreement and Disclosure Statement governing the IRA indicated in the Customer Information section above.
10. For the purpose of inducing You to act upon my instructions, I do fully indemnify and hold harmless StockCross, and their affiliates, control persons, officers, directors, successors, assigns, and employees from and against any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with my instructions or my failure to provide instructions as the Account Owner's Attorney-In-Fact; and
11. The Power of Attorney will remain in full force and effect until such time as written notification of termination or significant alteration is received by StockCross; and
12. The Account Owner executed the Power of Attorney while competent to do so and was not acting under duress or undue influence; and
13. I understand that You do not review my trading decisions or manage, supervise, or monitor trading in the Account; and

I also agree that any information given on this Power of Attorney Affidavit and Indemnification is subject to verification and I hereby authorize You to obtain a credit or other financial responsibility report on myself at any time. Upon my written request, You will provide the name and address of the credit reporting agency used. **I agree to be bound by all the terms and conditions set forth in the Customer Agreement, including, without limitation, the pre-dispute arbitration agreement, which governs this account.** This affidavit shall be governed by the laws of the Commonwealth of Massachusetts.

I acknowledge that any alteration of this document's original terms shall be null and void and I shall be bound by the terms of the original document as set forth by You. I understand and acknowledge that You may terminate any and all agreements between us in the event that You or any of your agents and affiliates have reasonable ground to believe that the foregoing is untrue, or that this document has been altered.

Signed under penalties of perjury.

SIGNATURE OF ATTORNEY-IN-FACT

DATE

4. NOTARIZATION

STATE _____ COUNTY _____

Subscribed and sworn to before me by the above-named Attorney in Fact, who is personally known to me or who has produced _____ TYPE OF IDENTIFICATION _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ DATE _____

Notary Public

MY COMMISSION EXPIRES _____

SEAL

REVIEWED BY:

DATE