

Durable Power of Attorney Affidavit and Indemnification

Use this form to certify to National Financial Services LLC ("NFS") the validity and effectiveness of a Durable Power of Attorney ("POA") for your brokerage account or Premiere Select IRA (includes Premiere Select Traditional, Roth, Rollover, SEP and SIMPLE IRAs, and Premiere Select IRA and Roth IRA Beneficiary Distribution Accounts). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information, use a copy of the relevant page.

USA PATRIOT Act Notice: To help the government fight the funding of terrorism and money laundering, federal law and contractual obligations between your Broker/Dealer and us require us to obtain your name, date of birth, address and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, we may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Additional documentation is required for certain entities, such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted if we or your Broker/Dealer cannot obtain and verify this information. We or your Broker/Dealer will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Helpful to Know

- Power of Attorney is not permitted on custodial, estate, conservator, Pr emiere Select Retirement Plan (Keogh), non-prototype retirement accounts and other fiduciary registrations.
- The individual being designated under the Power of Attorney as "Attorney-in-Fact" must complete Sections 2 and 3 and their signature must be notarized in Section 4.
- Submit a copy of valid Durable Power of Attorney documentation, and any supporting documents requir ed, with this form.
- An original form must be completed for each Attorney-in-Fact added to each account.
- If you wish that the Attorney-in-Fact be provided checkwriting capabilities, the account owner and the Attorney-in-Fact must complete and r eturn the applicable signature card.
- Return the completed form and the POA documentation to your investment repr esentative.

1. Account Owner

First Name	M.I.	Last Name

2. Attorney-in-Fact Information

Name of Individual Designated as Attorney-in-Fact		Date of Birth MM DD YYYY	
Country of Citizenship		Taxpayer ID Number	
Country of Tax Residence		Type of Government-Issued ID	
State/Country of ID Issuance	ID Number	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY

Legal Address

Provide your residential address. Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip Code/Postal Code	Country

Mailing Address

Complete only if different from Legal Address.

Address Line 1		Address Line 2	
City	State/Province	Zip Code/Postal Code	Country

continued on next page



2. Attorney-in-Fact Information *continued*

Employment Information

Check one and provide information.

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 Code/Postal Code	Country

Affiliations and Corporate Control Status

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, or an immediate family/household member is, 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.*

Company Name	CUSIP or Symbol
--------------	-----------------

- 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.
- Same as employer above. *If different, provide the information below.*

Entity Name			
Address Line 1		Address Line 2	
City	State/Province	Zip Code/Postal Code	Country

3. Affidavit and Indemnification

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you" refers to the Attorney-in-Fact indicated on the account form; "account owner" or "account owners" refer to all owners, collectively and individually, indicated on the account form.

By signing below, you:

- Affirm that you have read, understand, and agree to the current terms of this form, the attached Power of Attorney ("POA"), the Account Agreement and the account features the account owner has selected and agree to future amendments to these terms and any applicable state notices.
- Affirm that you are the Attorney-in-Fact named in the attached POA executed on:

Date MM DD YYYY

by

Account Owner

and accept appointment as Attorney-in-Fact for the account owner according to the terms in this form.

- Affirm that the Account Owner is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney.

- Represent that a petition to determine the incapacity of, or to appoint a guardian for, the Account Owner is not pending.
- Certify that, in the event you have been appointed by a trustee, such appointment is authorized by the trust documentation.
- Agree to cease acting as Attorney-in-Fact if your capacity to act as Attorney-in-Fact has been limited or terminated for any reason, including but not limited to any modification of the authority delegated in the POA by the account owner, any petition pending to determine the incapacity or to appoint a guardian for the account owner, or the death of the account owner.
- Represent that if more than one Attorney-in-Fact is appointed, you are authorized to act individually, and that we may act on your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorney-in-Fact, we may restrict the account until we have satisfactory written instructions or a court order instructing us how to proceed.
- Agree that we may restrict your authority to remove assets from the accounts listed after receipt of the POA.

continued on next page

3. Affidavit and Indemnification *continued*

- Agree not to knowingly issue any instructions that are inconsistent with your appointment as Attorney-in-Fact.
- Agree, if the account is a Premiere Select IRA, not to issue any instructions that are not in compliance with the terms of the Premiere Select IRA Custodial Agreement and Disclosure Statement governing the IRA.
- Represent and warrant that if you have not checked the boxes for Affiliations and Corporate Control Status, you are not affiliated with or employed by a stock exchange, the Financial Industry Regulatory Authority or a broker/dealer and you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policymaking officer), or an immediate family or household member of such a person.
- Indemnify and hold us harmless jointly and severally for accounts with more than one owner from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by us arising out of or relating to transactions made in accordance with your instructions or failure to provide instructions as Attorney-In-Fact.
- Agree that this POA remains in full force and effect, until we have received satisfactory written notice of the account owner's death or your removal or resignation as Attorney-in-Fact.
- Affirm that the Account Owner executed the POA while competent to do so and was not acting under duress or undue influence.
- Agree that any information given on this form is subject to verification. You authorize us to act on all instructions approved on this form, to obtain a credit or other financial responsibility report on you and upon written request, to provide the name and address of the credit reporting agency used.
- Understand that this affidavit and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts, except with respect to its conflict of laws provisions and except as superseded by federal law.
- Acknowledge that any alteration of this document's original terms shall be null and void and you shall be bound by the terms of the original document as set forth by us. You understand and acknowledge that we may terminate any and all agreements with you 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.
- Acknowledge that this form is signed under penalties of perjury.

Print Attorney-in-Fact Name <i>First, M.I., Last</i>	
Attorney-in-Fact Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

4. Notarization

Statement of Notary Public *In this section, "You" and "you" refer to the Notary Public.*

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶		▶

▶ NOTARY SEAL / STAMP ▶

For Correspondent Use Only

I have reviewed the foregoing and hereby attest to its accuracy and compliance with the Power of Attorney document. I certify to NFS that the Power of Attorney has been properly executed, is valid under applicable federal and state laws and that all instructions to NFS will comply with the terms of the Power of Attorney and any other applicable documents.

Print Supervisory Principal Name <i>for Broker/Dealer</i>	Broker/Dealer
Supervisory Principal Signature <i>for Broker/Dealer</i>	Date <i>MM - DD - YYYY</i>