



Use this form to certify the validity and effectiveness of the Power of Attorney (POA) that granted you the power to act on behalf of the account owner of the IRA Services accounts listed on this form and to indemnify IRA Services.

## HELPFUL TO KNOW

- You must submit a copy of the documents naming you the Attorney-in-Fact for the account owner, as well as copies of any supporting documents, along with this form.
- Each Attorney-in-Fact added to an account must complete and submit a separate form.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. ACCOUNTS INVOLVED

List all accounts you want this form to apply to.



ALL accounts associated with:

Social Security or Taxpayer ID Number

ONLY on these accounts:

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

## 3. ATTORNEY-IN-FACT

Be sure to provide your full legal name.

First Name*	Middle Name	Last Name*
Email	Social Security Number or Taxpayer ID*	Date of Birth* (MM/DD/YYYY)
Evening Phone XXX-XXX-XXXX	Daytime Phone XXX-XXX-XXXX	Extension

Legal/Permanent Address (Cannot be a PO Box, Mail Drop, or C/O.)

Provide the address used for tax reporting. Cannot be a PO Box, mail drop, or c/o.

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

Mailing Address

Same as legal/permanent address (skip to U. S. Citizens)

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

## Citizenship

Skip to "Income Source," next page.

U.S. Citizens

U.S. citizen and tax resident

If you are NOT a U.S. citizen, check one and provide information.

Foreign Citizens ONLY: Residency, Citizenship, and Government Identification

Permanent U.S. resident	Non-permanent U.S. resident	Non-resident of U.S.
Country of Citizenship		Country of Tax Residency
City of Birth	State/Province of Birth	Country of Birth

Check one and attach copy of Government ID showing number and photo.

DHS Permanent Resident Card	Employment Authorization Document	Passport with U.S. visa
U.S. Driver's License	Foreign national identity document	Passport without U.S. visa
ID Number	Country of Issuance, if Not U.S.	State, if Driver's License

## Income Source

Check one and provide information

Industry regulations require us to ask for this information.

Employed	Self-Employed		
Occupation	Employer (Leave blank if self-employed.)		
Employer Address			
City	State/Province	Zip/Postal Code	Country
Retired	Not employed		
Source of Income (Pension, Investments, Spouse, etc.)			

## Associations and Corporate Control Status

IRA Services is required by industry regulations to determine if you or someone in your household are associated with a financial services company or are a control person of a corporation. If you indicate that you are associated with a firm engaged in the securities business, IRA Services must also send copies of the account(s) statements to that firm. If the **account owner does not authorize IRA Services to send duplicate statements** to those parties, IRA Services will be unable to process this POA.

If you check this box, attach compliance officer's letter of approval ("407 letter"). If your association is with your employer we must let them know that you have been named as a POA for this account(s).

Having an account at a firm does not make you an associate.

You are associated with or employed by a stock exchange, exchange member, FINRA, or municipal securities dealer

Same as employer

Entity Name			
Entity Address			
City	State/Province	Zip/Postal Code	Country

You are, or someone in your household or immediate family is, a control person of a publicly traded company under SEC Rule 144 (such as director, 10% shareholder, policy-making officer, or member of the board of directors)

Company Name	Trading Symbol
--------------	----------------

## Duplicate Materials

If you would like to receive copies of account statements or transaction confirmations, check the appropriate boxes below. Account statements can be sent either electronically or by U.S. mail. If you would like them to be sent electronically, you must already be a IRA Services customer, and you must provide a valid e-mail address.

<input type="checkbox"/> Account statements	<input type="checkbox"/> Transaction confirmations (will be sent by U.S. mail)
<input type="checkbox"/> Email	

## 4. ATTORNEY-IN-FACT SIGNATURE AND DATE (Named Attorney-in-Fact must sign and date.)

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing IRA Services' relationship with the account owner as set forth in the IRA Services Account Custodial Agreement and Disclosure Statement (the "Agreement") and the Fee Schedule and Financial Disclosure (which is incorporated into the Agreement by reference and legally forms a part of that document), as is currently in effect and as may be amended in the future.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the account owner named in Section 1 and the accounts listed in Section 2.
- Accept appointment as Attorney-in-Fact for the account owner, according to all terms and conditions described in this form.
- Agree that any information given on this form is subject to verification. You authorize IRA Services and their agents, affiliates, assigns, control persons, employees, successor custodians, officers and directors (collectively, "IRA Services") to act on all instructions given on this form, to obtain a credit or other financial responsibility report on yourself and upon written request, to provide the name and address of the credit reporting agency used.
- Agree that if you have not checked either box in the Associations and Corporate Control Status portion of Section 3, you represent and warrant that you are not associated with or employed by a stock exchange or a broker-dealer and that you are not a control person or affiliate or a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- Affirm that the account owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the account owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the account owner, using either of these accepted forms: "[account owner name] by [your signature] as Agent," or "[your signature] as Agent for [account owner name]".
- Indemnify and hold IRA Services harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that IRA Services may have under any other agreement with you.
- Agree that IRA Services may restrict or suspend your ability to remove money from the accounts listed in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until IRA Services has received what it considers to be satisfactory written notice of either the account owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the account owner and to any co-agent, successor agent, or the account owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the accounts listed in Section 2, you are authorized to act severally or individually, and that IRA Services may follow any of 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, IRA Services may restrict the account until it has received joint written instructions that it finds satisfactory.

**This durable POA shall be governed by California law, except with respect to its conflict of laws provisions.**

**You acknowledge that this account and durable POA are governed by a predispute arbitration clause in the IRA Services Agreement and Disclosure Statement, and that you have read the predispute arbitration clause.**

Attorney-in-Fact Name	
Attorney-in-Fact Signature <b>X</b>	Date (MM/DD/YYYY)

## 5. AUTHORIZATION

The Investor should either have their signature notarized or submit the form through DocuSign.

### Name and Signature

Account Owner Name	
Account Owner Signature <b>X</b>	Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

**Email**  
newaccounts@IRAServices.com

**Fax**  
(650) 745-2902

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128