

## **LPOA for Participant Accounts**

PO Box 2226 Omaha, NE 68103-2226

Fax: 800-914-8980

4 ACCOUNT INFORMATION				
1. ACCOUNT INFORMATION Participant Name:				
Plan Name:		TD Ameritrade Account Number:		
2. AUTHORIZATION TO ADD LIN	MITED POWER OF ATTORNEY			
Rep ID (if applicable):		I hereby authorize:		
Primary Contact:		Firm Name:		
to be my agent and attorney-in-fact ("Agent"), to buy, sell, and trade in stocks, bonds, and any other securities and/or contracts relating to the same or otherwise in accordance with your terms and conditions for the undersigned's account and risk and in the undersigned's name, or number on your books. My Agent is authorized to effect such transactions in my account via any available medium, electronic or otherwise, including but not limited to electronic access via personal computer or touchtone telephone. If I have signed an options agreement, my Agent is specifically authorized to effect options transactions in my account, within the approval limits for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. I hereby agree to indemnify and hold harmless TD Ameritrade, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorney's fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.				
In all such purchases, sales, or trades you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades. Including without limitation the delivery of securities or monies from the account in the Account Owner's or Owners' name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.				
I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. All parties acknowledge the Advisor has been made aware of any Plan restrictions and agrees to abide by them.				
This authorization is a continuing one and shall remain in full force and effect until (i) you are notified by a written notice delivered to TD Ameritrade of my death or incapacity or (ii) I change or revoke this authorization by a written notice to TD Ameritrade. You shall have no duty of inquiry. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.				
TD Ameritrade Institutional, a division of TD Ameritrade, Inc. has entered into an alliance with the following portfolio management software companies: Interactive Advisory Software (IAS), Advent, Albridge Solutions, Black Diamond, Portfolio Center, Back Office Support Solutions, E-Money, Bridge Portfolio, Asset Book, Orion Advisors, Morningstar, Captool, SunGard Asset Management, DBCams, Evare, Eweb Portfolio, Envestnet, Financial Support Services, Investigo, Tamarac, Advisormart, Adhesion, and Cornerstone. The Alliance is intended as a value-added service to independent investment advisors ("Advisors") that custody customer assets at TD Ameritrade.				
In connection with this data download, Advisor customer information and/or other confidential information may be provided by TD Ameritrade to the third party portfolio management software selected below. "Confidential information" herein is deemed to include confidential client, business, financial, or technical information or data proprietary to TD Ameritrade that is competitively and commercially valuable to TD Ameritrade and not generally known, or available by legal means, to third parties. The third party portfolio management company in turn may use the confidential information to enable advisors to access data. TD Ameritrade and the portfolio management software companies listed above have entered into a confidentiality agreement in connection with this service.				
Your selection and signature will acknowle software selected. You agree to indemnify TD Ameritrade's reliance thereon.				
Would you like to authorize the release of int	formation to one or more of the third party p	oortfolio management software companie	s listed below? ☐ Yes ☐ No	
If yes, please select the portfolio manageme	ent software you'd like to use:			
☐ Interactive Advisory Software (IAS)	☐ Advent	☐ Albridge Solutions	☐ Black Diamond	
☐ Portfolio Center/Centerpiece	☐ Back Office Support Solutions	☐ E-Money	☐ Bridge Portfolio	
☐ Asset Book	☐ Orion Advisors	☐ Morningstar	☐ Captool	
☐ SunGard Asset Management Systems	☐ DBCams	☐ Evare	☐ Eweb Portfolio	
☐ Envestnet	☐ Financial Support Services	☐ Investigo	☐ Tamarac	
☐ Advisormart	☐ Adhesion	☐ Cornerstone		
I have carefully read this power of attorned Self Directed Brokerage Accounts as if I				

I AGREE TO HAVE MY AGENT RECEIVE DUPLICATE STATEMENTS AND TRADE CONFIRMATIONS.

Accounts are fully binding on me. I also understand and agree that TD Ameritrade has no duty or responsibility to monitor trading in my Self Directed

LIMITED POWER OF ATTORNEY-LIMITED TO PURCHASE AND SALE OF SECURITIES-INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.



Brokerage Accounts by my Agent or notify me prior to accepting instructions from my agent.

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PARTICIPANT		
Full Legal Name:		
Street Address:		
City:	State:	ZIP Code:
Daytime Phone Number:	· <b>'</b>	
Participant's Signature:		Date:
AUTHORIZED PLAN REPRESENTATIVE		
Full Legal Name:		
Title with Respect to the Plan:		
Daytime Phone Number:	·	
Authorized Plan Representative's Signature:	Date:	
3. AUTHORIZATION TO PAY FEES TO AGE	NT*	
*Please note that your plan may not authorize the ability t	o deduct advisory fees directly from the	Self-Directed Brokerage Account.
		agement fees as invoiced by Agent. I also authorize you to liquidate uch fees. You shall rely on Agent's invoices. You have no responsibility
I will indemnify and hold TD Ameritrade and its affiliates, di attorney fees, which TD Ameritrade may incur by relying u		s from all losses, claims, damages, liabilities, and costs, including authorization.
This authorization will remain in full force and effect until re the benefit of your successors and assigns.	voked by me by a written notice addresse	ed and delivered to TD Ameritrade. This authorization shall extend to
Participant's Signature:	Date:	
Authorized Plan Representative's Signature:	Date:	
☐ Check here and complete this section if you are removing	an existing Advisor from your Account.	·
Primary Contact:		
Firm Name:		
Prior IA Firm Name:		

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value