

LIMITED POWER OF ATTORNEY FORM

1. NDTCO ACCOUNT INFORMATION

Account Holder Name:	Account Holder Account Number:
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2. DESIGNATED AGENT INFORMATION

Attorney-in-Fact Name:	Attorney-in-Fact Phone:		
Attorney-in-Fact Address:	City:	State:	ZIP:
Attorney-in-Fact Email:	Attorney-in-Fact Fax:		

DESIGNATED AGENT VERIFICATION

Please choose a verbal password for your Limited Power of Attorney Designee (LPOA). NDTCO will verify LPOAs by confirming the verbal password. You will be responsible for notifying your LPOA of the verbal password.	Password:
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3. DISCLOSURES

This Limited Power of Attorney form gives your designated agent the power to conduct all transactions (with the exceptions noted below) in your Account. Please read carefully before signing. This form must be completed in full.

I hereby authorize the person listed above to be my agent and attorney-in-fact to conduct all transactions, except as limited below, to the extent of the terms as previously agreed to in my account application. This Limited Power of Attorney form may not be used to direct distributions or transfers or to open accounts.

This Limited Power of Attorney form will remain in effect until New Direction Trust Company (NDTCO) has received written notice of revocation from the account holder. I understand NDTCO 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 NDTCO 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 NDTCO's reliance on this Limited Power of Attorney. This indemnity and hold harmless provision shall survive any termination of this Limited Power of Attorney. In the event of claims by others related to my account and/or investment wherein NDTCO is named as a party, NDTCO, shall have the full and unequivocal right at its sole discretion to select its own attorney 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 (collectively "Litigation Costs"), incurred by NDTCO in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by NDTCO, you agree to promptly reimburse NDTCO the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, the NDTCO Custodian shall have the full and unequivocal right to freeze my account, liquidate my assets, and/or initiate legal action to obtain full reimbursement of the Litigation Costs. I also understand and agree NDTCO will not be responsible to take any action should there be any default regarding the custodial asset.

If any provision of this Limited Power of Attorney form 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.

4. SIGNATURES

Account Holder Signature:	Date:
Attorney-in-Fact Signature:	Date:

5. NOTARY CERTIFICATION (REQUIRED)

State of _____ County of _____
Signed before me on _____, 20__ by _____
(name(s) of individual(s) making statement)

(Notary's official signature)

(Title of office)

(Commission Expiration)