

Sorrento Pacific Financial , LLC (SPF) P.O. Box 85227, San Diego, CA 92186

Phone: 858.805.7900 Fax: 858.530.2875

Trading Authorization/Power of Attorney and Indemnification Form

SPF_B 145-1

This document constitutes a power of attorney, designed to give a designated person either (1) limited trading authorization or (2) full trading authorization over a brokerage account as further set forth herein.

NOTE: Under New York Law, the following disclosure is required to be included, verbatim, in every Power of Attorney.

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority. When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities. Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institutions where your accounts are located. You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly. Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this. The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

| 1 | Account Information | | | | |
|--|---------------------|-----------|----------------|--|--|
| Account Holder: First Name, Middle Initial | | Last Name | Account Number | | |
| | | | | | |
| Account Co-Holder: First Name, Middle Initial, Last Name | | | | | |
| | | | | | |

2 Authorization

Full trading authorization gives a designated person the power to place orders in an account, request disbursements and make inquiries concerning the account, such as obtaining account balances. Limited trading authorization gives a designated person the above powers, excluding the ability to request disbursements.

NOTE: By giving your agent full trading authorization, you are authorizing your agent to make gifts or other transfers of your money or other property from your account during your lifetime, without restriction, to any one or more persons, **including the agent himself or herself**. Granting such a power to your agent gives your agent the authority to take actions which could significantly reduce your property or change how your property is distributed at your death.

Please check one of the following boxes to indicate whether you want your agent to have limited trading authorization or full trading authorization:

O LIMITED TRADING AUTHORIZATION

O FULL TRADING AUTHORIZATION

is authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with Sorrento Pacific Financial, LLC, and to make deliveries of securities and payment of moneys, without restriction, to any one or more persons (**specifically including the agent himself or herself**) as he or she may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account of the undersigned, the authorized agent is authorized to act for the undersigned and on the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do. The agent must exercise this authority pursuant to the undersigned's instructions, or otherwise for purposes which the agent reasonably deems to be in the principal's best interest.

 Please be aware that if the account holder resides in <u>New York</u> and you give your agent full trading authorization, in addition to having your signature(s) notarized, you must sign this document in the presence of <u>two</u> witnesses and have the witnesses complete <u>Section 6 of this document</u>.

| 3 | Revocation |
|---|------------|
|---|------------|

| This document does not revoke any other powers of attorney that the undersigned has previously executed, unless the undersigned has specified otherwise on the lines below. |
|---|
| |

4 Indemnification

The undersigned hereby ratifies and confirms any and all transactions with Sorrento Pacific Financial, LLC or Pershing LLC heretofore or hereafter made by the aforesaid agent for the undersigned's account. This Trading Authorization/ Power of Attorney and Indemnification is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to the Operations Dept. and delivered to Sorrento Pacific Financial, LLC's office at 10455 Sorrento Valley Road, Suite 101, San Diego, CA 92121, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This Trading Authorization/Power of Attorney and Indemnification shall inure to the benefit of Sorrento Pacific Financial, LLC and Pershing LLC and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of Sorrento Pacific Financial, LLC, Pershing LLC or any successor firm.

| Signature of Principa | l(s) - Signa | ture(s) m | ust be notarized |
|--|---|-------------------|--|
| | | | |
| SIGNATURE OF ACCOUNT HOLDER/PRINCIPAL | | DATE | PRINTED NAME OF ACCOUNT HOLDER/PRINCIPAL |
| | | | |
| SIGNATURE OF ACCOUNT CO-HOLDER/CO-PRI | INCIPAL | DATE | PRINTED NAME OF ACCOUNT CO-HOLDER/CO-PRINCIPAL |
| otarization for Account Holder/Princ | <u>cipal</u> | | |
| TATE OF | , | | |
| TATE OF |) SS.: | | |
| | | | |
| n the day of | in the year _ | before n | ne, the undersigned, personally appeared ally known to me or proved to me on the basis of satisfactory evidence |
| | (are) subscribed to by his/her/their sig | to the within ins | trument and acknowledged to me that he/she/they executed the same e instrument, the individual(s), or the person upon behalf of whom the |
| . | | | Notary - Affix Stamp Here |
| 2 | | | |
| SIGNATURE OF NOTARY PUBLIC | | DATE | - |
| | | | |
| | | | |
| | | | |
| PRINTED NAME OF NOTARY PUBLIC | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u>lotarization for Account Co-Holder/C</u> | <u>Co-Principal</u> | | |
| | | | |
| TATE OF |) ss.: | | |
| OUNTY OF | .) | | |
| n the day of | in the year _ | before r | ne, the undersigned, personally appeared |
| b be the individual(s) whose name(s) is | | | ally known to me or proved to me on the basis of satisfactory evidence strument and acknowledged to me that he/she/they executed the same |
| n his/her/their capacity(ies), and that, Individual(s) acted, executed the instrur | by his/her/their sig | nature(s) on the | e instrument, the individual(s), or the person upon behalf of whom the |
| A | nenc. | | Notary - Affix Stamp Here |
| | | | |
| SIGNATURE OF NOTARY PUBLIC | | DATE | - |
| | | | |
| | | | |
| | | | |
| PRINTED NAME OF NOTARY PUBLIC | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ides in <u>New York</u> and you give your agent full trading |
| | | | yn this document in the presence of two witnesses a |
| the witnesses must o | ompiete Secti | ion 6 below. | |

2010-2011 Sorrento Pacific Financial, LLC Member FINRA/SIPC. All Rights Reserved.

6 Signature of Witnesses

NOTE: This section is only required if the account holder resides in New York and you give your agent full trading authorization in Section II above.

By signing as a witness, I acknowledge that the principal signed this Trading Authorization/Power of Attorney and Indemnification Form in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Trading Authorization/Power of Attorney and Indemnification Form reflects his or her wishes and that he or she has signed it voluntarily.

The witnesses must be individuals who are unlikely to receive any distributions of property from the above referenced account.

| 5 | | | 6 | | |
|---------------------------|----------------|-----------------|---------------------|----------------|-----------------|
| SIGNATURE OF WITNESS 1 | | | SIGNATURE OF WITNES | 5S 2 | |
| DATE | | | DATE | | |
| PRINTED NAME OF WITNESS 1 | | | PRINTED NAME OF WIT | TNESS 2 | |
| ADDRESS | | | ADDRESS | | |
| CITY | STATE/PROVINCE | ZIP/POSTAL CODE | СПҮ | STATE/PROVINCE | ZIP/POSTAL CODE |

7 Important Information for the Agent

NOTE: Under New York law, the following disclosure is required to be included, verbatim, in every Power of Attorney.

IMPORTANT INFORMATION FOR THE AGENT

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manner: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the principal has specifically granted you that authority in this Power of Attorney or in a Statutory Major Gifts Rider attached to this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

| 8 | Authorized Agent: Agent's Signature and Acknowledgment of Appointment - Signature(s) must be notarized | | | | | |
|-------|---|--|--|--|--|--|
| It is | It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time. | | | | | |
| I/we | I/we,, have read the foregoing Power of Attorney. I am/we are the person(s) identified | | | | | |
| | ein as agent(s) of the principal named therein. | | | | | |
| I/we | e acknowledge my/our legal responsibilities to the princip | pal. | | | | |
| 3 | 7 | | | | | |
| | SIGNATURE OF AGENT | DATE | | | | |
| | | | | | | |
| | PRINTED NAME OF AGENT | SOCIAL SECURITY NUMBER | TAXPAYER IDENTII | FICATION NUMBER (if applicable) | | |
| | ADDRESS | CITY | STATE | ZIP/POSTAL CODE | | |
| | ADDRESS | CIT | SIAIE | ZIP/POSTAL CODE | | |
| | PROVINCE/COUNTY/SUBDIVISION | COUNTRY | | | | |
| 1 | | | | | | |
| | SIGNATURE OF CO-AGENT | DATE | | | | |
| | 33 | 5.11.2 | | | | |
| | PRINTED NAME OF CO-AGENT | SOCIAL SECURITY NUMBER | TAXPAYER IDENTI | FICATION NUMBER (if applicable) | | |
| | | | | | | |
| | ADDRESS | CITY | STATE | ZIP/POSTAL CODE | | |
| | | OCCUPANT OF THE PROPERTY OF TH | | | | |
| | PROVINCE/COUNTY/SUBDIVISION | COUNTRY | | | | |
| | | | | | | |
| Not | arization for Agent | | | | | |
| STA | TE OF) | | | | | |
| COL | ss.: JNTY OF) | | | | | |
| On | the day of in the year | before me, the undersigned, perso | onally appeared | | | |
| to b | e the individual(s) whose name(s) is (are) subscribed to | , personally known to me or provothe within instrument and acknowledge | ed to me on the bas d to me that he/she | is of satisfactory evidence /they executed the same | | |
| in h | is/her/their capacity(ies), and that, by his/her/their signa vidual(s) acted, executed the instrument. | ature(s) on the instrument, the individua | l(s), or the person u | pon behalf of whom the | | |
| 4 | | Notary - Affix S | tamp Here | | | |
| | (9 | 2.175 | | | | |
| | SIGNATURE OF NOTARY PUBLIC | DATE | | | | |
| | PRINTED NAME OF NOTARY PUBLIC | | | | | |
| | FRINTED NAME OF NOTAKE PUBLIC | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

##