

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:

LIMITED TRADING AUTHORIZATION

In all such purchases, sales or trades, Financial Organization is authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with Financial Organization, and he or she 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 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. Limited trading authorization does not permit the authorized agent to redeem or withdraw assets from the undersigned's account.

FULL TRADING AUTHORIZATION

Financial Organization is authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with Financial Organization, 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 you sign this document in New York 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 two witnesses and have the witnesses complete Section VI of this document.**

III. 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.

IV. INDEMNIFICATION

The undersigned hereby ratifies and confirms any and all transactions with Financial Organization 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 Financial Organization and delivered to Financial Organization's office at its address, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This Trading Authorization/Power of

VI. SIGNATURE OF WITNESSES

NOTE: This section is only required if you sign this document 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.

Signature of Witness 1

Signature of Witness 2

Date

Date

Print Name

Print Name

Address

Address

City, State, Zip Code

City, State, Zip Code

VII. 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.

**VIII. AUTHORIZED AGENT: AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT—
Signature(s) must be notarized**

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, _____, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.
I/we acknowledge my/our legal responsibilities to the principal.

AGENT'S NAME:

AGENT'S SIGNATURE:

DATE:

ADDRESS:

CITY:

STATE:

ZIP/POSTAL CODE:

PROVINCE/COUNTY/SUBDIVISION:

COUNTRY:

□□□□-□□-□□□□□□

□□-□□□□□□□□

SOCIAL SECURITY NUMBER

TAXPAYER IDENTIFICATION NUMBER (if applicable)

CO-AGENT'S NAME:

CO-AGENT'S SIGNATURE:

DATE:

ADDRESS:

CITY:

STATE:

ZIP/POSTAL CODE:

PROVINCE/COUNTY/SUBDIVISION:

COUNTRY:

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SOCIAL SECURITY NUMBER

TAXPAYER IDENTIFICATION NUMBER (if applicable)

POWER OF ATTORNEY
AUTHORIZED PERSON

CLEAR
FORM



FIRST REPUBLIC SECURITIES COMPANY, LLC

It's a privilege to serve you®

111 Pine Street, San Francisco, CA 94111 www.firstrepublic.com

1-877-348-5576 Toll free fax 888-258-6188

ADDITIONAL AUTHORIZED INDIVIDUAL

ACCOUNT TITLE			
NAME (FIRST)		(MIDDLE)	(LAST)
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.			
POSITION/TITLE		YOUR MOTHER'S MAIDEN NAME (FOR SECURITY PURPOSES)	
LEGAL ADDRESS (NO P.O. BOXES)		CITY	STATE ZIP CODE
TELEPHONE NUMBER: HOME	WORK	CELL	EMAIL ADDRESS
SOCIAL SECURITY/TAX ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHOTO ID NUMBER AND COUNTRY OF ISSUANCE (PLEASE ATTACH A COPY OF PHOTO ID)	
COUNTRY OF CITIZENSHIP		COUNTRY OF LEGAL RESIDENCE	PASSPORT NUMBER (PLEASE ATTACH A COPY)
<input type="checkbox"/> USA <input type="checkbox"/> OTHERS:		<input type="checkbox"/> USA <input type="checkbox"/> OTHER:	
EMPLOYMENT			
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER			
EMPLOYER	INDUSTRY	OCCUPATION/POSITION	
MARITAL STATUS:			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
INVESTMENT EXPERIENCE:			
<input type="checkbox"/> NONE <input type="checkbox"/> LIMITED <input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE			
LIST ANY SECURITIES FIRM(S) YOU ARE EMPLOYED BY OR IN WHICH YOU ARE A DIRECTOR OR OWNER.			
SPECIFY:			
LIST ALL PUBLICLY TRADED COMPANIES IN WHICH YOU ARE A DIRECTOR, 10% SHAREHOLDER OR POLICY-MAKING OFFICER.			
SPECIFY:			

SIGNATURES OF OWNERS & BUSINESS PRINCIPALS

X

SIGNATURE OF AUTHORIZED INDIVIDUAL _____ PRINT NAME _____ DATE _____

FOR OFFICE USE ONLY

A/C NUMBER _____ DT OPEN _____ RR _____

RR SIGNATURE _____ AUTHORIZED SUPERVISOR'S SIGNATURE _____