

## LIMITED POWER OF ATTORNEY

Account # \_\_\_\_\_\_

	Case #
ACCOUNT INFORMATION	Control Constitution Numbers
Account Registration:	Social Security Number:
AUTHORIZATION TO ADD LIMITED POWER OF ATTORNEY	- -
hereby authorize:   Firm Name:	Primary Contact:
☐ Check here and complete this section if you are removing an existing Advisor from your Account.	Check here and complete this section if you are adding an Advisor and transferring your TD Ameritrade Retail Self-Directed Brokerage Account to TD Ameritrade Institutional. By completing this section, you are certifying there are no checks written against your TD Ameritrade Retail brokerage account.
Prior IA	TD Ameritrade Retail Brokerage Account Number:
Firm Name:  to be my agent and attorney-in-fact ("Agent"), to buy, sell (including short sales), and trade in sto	Advisor ID:
I have signed a margin agreement) or otherwise in accordance with your terms and conditions books. My Agent is authorized to effect such transactions in my account via any available med computer or touch-tone telephone. If I have signed an options agreement, my Agent is specific my account, as such terms are defined in the booklet "Characteristics and Risks of Standardize TD Ameritrade, its affiliates and their directors, officers, employees, and agents from and again related to reliance on this authorization and to pay promptly on demand any and all losses aris. In all such purchases, sales or trades you are authorized to follow the instructions of my Agact for me and on my behalf in the same manner and with the same force and effect as I mig to all other things necessary or incidental to the furtherance or conduct of such purchases, the account in the Account Owner's or Owners' name and the provision of securities cost be I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by material in the Account of the Account	for the undersigned's account and risk and in the undersigned's name, or number on your lium, electronic or otherwise, including but not limited to electronic access via personal cally authorized to effect options transactions in my account, within the approval limits for ed Options," a copy of which I have received. I hereby agree to indemnify and hold harmless inst all claims, actions, costs, and liabilities, including attorney's fees, arising out of or sing therefrom or debit balance due thereon.  Igent in every respect concerning my account with you; and my Agent is authorized to ght or could do with respect to such purchases, sales, or trades as well as with respect, sales, or trades, including without limitation the delivery of securities or monies from asis method selection and/or information for purposes of cost basis or tax reporting.  The yagent for my account. This authorization and indemnity is in addition to, and in no way etween the undersigned and TD Ameritrade.  To Ameritrade of my death or incapacity or (ii) I try of inquiry. Until you receive such written revocation, you are entitled to act in reliance many liability which results from transactions initiated before you receive written notice may successor firm or firms, irrespective of any change or changes at any time in the uncessor firms.  The sees my Agent named herein to exercise rights and powers over my accounts as if I had the transactions in the total processor firms.
or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions from my agent.	
I AGREE TO HAVE MY AGENT RECEIVE DUPLICATE STATEMENTS AND TRADE CONFIRMATIONS.	
LIMITED POWER OF ATTORNEY – LIMITED TO PURCHASE AND SALE OF S	·
Signature of Account Owner:	Date:
Signature of Additional Account Owner:	Date:
AUTHORIZATION TO PAY FEES TO AGENT	
To: TD Ameritrade, Inc. ("TD Ameritrade") I hereby authorize you to paythe above named advisor ("Agent") from my account the Agent's money market mutual fund I may hold in my account to the extent necessary to pay such fees verification of fees.	
$I \ will indemnify and hold TD \ Ameritrade \ and its \ affiliates, directors, officers, and employees \ h \ which TD \ Ameritrade \ may incur \ by relying \ upon \ representation \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ of \ Agent \ or \ upon \ this \ authorization \ or \ $	
This authorization will remain in full force and effect until revoked by me by a written notice a of your successors and assigns.	addressed and delivered to TD Ameritrade. This authorization shall extend to the benefit
Signature of Account Owner:	Date:
Signature of Additional Account Owner:	Date:



TD Ameritrade Institutional

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TDAI 9002 REV. 09/11

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