Trading Authorization/Power of Attorney and Indemnification Form: Domestic

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

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.

STEP 1. ACCOUNT INFORMATIO	

Financial Organization Name (hereafter "Financial Organization")	
Account Title	Account Number

STEP 2. AUTHORIZATION

Organization and/or Pershing LLC promptly on demand of, any and all losses arising therefrom or debit balance due thereon. This Trading Authorization/Power of Attorney and Indemnification shall not terminate in the event of the disability or incapacity of the undersigned.



Full trading authorization gives a designated person the power to place orders in ar account, request disbursements and make inquiries concerning the account, such as obtaining account balances. Limited trading authorization gives a designated persor 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 accounduring 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, Financia	t t e
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:	t e e
have limited trading authorization or full trading authorization:	
☐ Limited Trading Authorization. In all such purchases, sales or trades, Financia	PLEASE BE AWARE THAT IF YOU SIGN THIS DOCUMENT
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 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.	AGENT FULL TRADING AUTHORIZATION, IN ADDITION TO HAVING YOUR SIGNATURE(S) NOTARIZED, YOU MUST SIGN THIS DOCUMENT IN THE PRESENCE OF TWO WITNESSES AND
□ 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.	e s t g d e s e e e e e e e e e e e e e e e e e
STEP 3. REVOCATION	
This document does not revoke any other powers of attorney that the undersigned has previously executed, unless the undersigned has specified otherwise in the box below	

Account Number _______

Trading Authorization: Domestic

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	STEP 4. INDEMNIFICATION		
	The undersigned hereby ratifies and confirms any Pershing LLC heretofore or hereafter made by the afor Authorization/Power of Attorney and Indemnification and effect until revoked by the undersigned by a widelivered to Financial Organization's office at its adianay way resulting from transactions initiated prior of Attorney and Indemnification shall inure to the both of any successor firm or firms irrespective of any characteristics.	resaid agent for the undersigned's accornis also a continuing one and shall ritten notice addressed to Financial dress, but such revocation shall not a to such revocation. This Trading Autlenefit of Financial Organization and hange or changes at any time in the	ount. This Trading emain in full force Organization and affect any liability horization/Power Pershing LLC and personnel thereof
	STEP 5. SIGNATURE OF PRINCIPALS		
	Account Owner/Principal		
	Print Name	Date	SIGNATURES MUST BE NOTARIZED.
	c: 1		BE NOTARIZED.
	Signature	Please indicate the town/city and country where this document was signed	
	X		
	Joint Account Owner/Principal (if applicable)		
	Print Name	Date	
	Signature	Please indicate the town/city and country where this	
	V	document was signed	
	X		
	Notarization for Account Owner/Principal		
	State of		
	County of		
	I certify that on this day of to me or proved to me on the basis of satisfactory evidence to be subscribed to the within instrument and acknowledged to me that their capacity(ies), and that, by his/her/their signature(s) on the upon behalf of whom the individual(s) acted, executed the instru	the individual(s) whose name(s) is (are) the/she/they executed the same in his/her/instrument, the individual(s), or the person	
	Notary Public Signature		
	My Commission Expires	[SEAL]	
			_
	Notarization for Joint Account Owner/Principal State of		
	County of		
	I certify that on this day of to me or proved to me on the basis of satisfactory evidence to be subscribed to the within instrument and acknowledged to me that their capacity(ies), and that, by his/her/their signature(s) on the upon behalf of whom the individual(s) acted, executed the instru	the individual(s) whose name(s) is (are) the/she/they executed the same in his/her/instrument, the individual(s), or the person	

Account Number _

[SEAL]

Notary Public Signature _

My Commission Expires _

Trading Authorization: Domestic

STEP 0. SIGNATURE OF WITHESSES			
			THE SECTION IS SAME
By signing as a witness, I acknowledg Authorization/Power of Attorney and Ir the presence of the other witness, or th the principal's signature was affixed by h acknowledge that the principal has stated Attorney and Indemnification Form reflect	ndemnifica at the prir nim or her d that this	tion Form in my presence and acipal acknowledged to me that or at his or her direction. I also Trading Authorization/Power of	REQUIRED IF YOU SIGN THIS DOCUMENT IN NEW YORK AND YOU GIVE YOUR AGENT FULL TRADING
signed it voluntarily.			THE WITNESSES MUST BE INDIVIDUALS
Witness 1			WHO ARE UNLIKELY TO RECEIVE ANY
Print Name	Dat	te	DISTRIBUTIONS OF PROPERTY FROM THE
Signature			ABOVE REFERENCED ACCOUNT.
x			
Address			
City	State	Zip/Postal Code	
Witness 2			
Print Name	Dat	te - -	
Signature			
X			
Address			

State

Zip/Postal Code

Account Number _

Trading Authorization: Domestic

City

Account Number _______

STEP 7. IMPORTANT INFORMATION FOR THE AGENT

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.

It is not required that the same time. I/we, , have as agent(s) for the princ	e principal and the read the foregoin	agent(s) s g Power of	ign a	t the s orney.	am I a	ne ti m/	me we	, no are	r th	at n	nul rsc	tiple n(s)	agent ident	ified t	nere
Agent's Name			Date							1					
Signature					-			_						ATURE(S OTARIZE	
X															
Address															
City		State			Z	ip/Pc	stal C	ode							
Province/County/Subdivision	Country			Social Se	curit	y/Tax	(ID N	umbe	r						
													_		
Co-Agent's Name			Date	_	-	I		_							
Signature															
X															
Address															
City		State			Z	ip/Pc	stal C	ode							
Province/County/Subdivision	Country			Social Se	curit	y/Tax	(ID N	umbe	r						
Notarization for Agent State of															
County of				_											
I certify that on this to me or proved to me on the subscribed to the within inst their capacity(ies), and that, upon behalf of whom the ind	e basis of satisfactory of rument and acknowled by his/her/their signa	evidence to be Iged to me the ture(s) on the	the ir at he/s instru	ndividua she/the ument, t	al(s) y ex the i) wh	ose i ted t	name the s	e(s) ame	is (a e in h	ire) iis/l	ner/			
Notary Public Signature				_											
My Commission Expires				_				SEA	L]						
Notarization for Co-Agen				_											
County of				_											
I certify that on this to me or proved to me on the subscribed to the within inst their capacity(ies), and that, upon behalf of whom the ind	e basis of satisfactory of rument and acknowled by his/her/their signa	evidence to be Iged to me tha ture(s) on the	the ir at he/s instru	ndividua she/the ument, f	al(s) y ex) wh xecu	ose i ted t	name the s	e(s) ame	is (a e in h	re) iis/l	ner/			
Notary Public Signature															

[SEAL]

My Commission Expires _

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