

This form must be submitted with a copy of your appointed agent's government issued ID.

ACCOUNT HOLDER INFORMATION

Name:	Account Number:
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LIMITED POWER OF ATTORNEY

I hereby appoint the individual named below as my agent and attorney-in-fact for my account, with the power to receive unlimited information about my account, and the power to sign any Direction of Investment, Partial or Full Disposition of Asset, Asset Conversion, Payment Authorization Letter, and Fair Market Valuation forms. Additionally, the appointed individual may authorize internal transfers between like accounts. This Limited Power of Attorney does not allow my agent and attorney-in-fact to change any beneficiary on my account, to request a distribution or transfer from my account, conduct any business that may be deemed a taxable event, or authorize any external transfers.

Those who are designated as an attorney-in-fact may not be a sponsor of, or otherwise affiliated with an investment in the account. It is the responsibility of the Account Owner and the attorney-in-fact to review the account assets to ensure compliance with this provision and to take steps to remove a Limited Power of Attorney in the event of non-compliance.

Choose one option below:

- Appoint New: I instruct Quest Trust Company (QTC) to share my account information with the attorney-in-fact designated herein.
- Revoke: I elect to remove the Limited Power of Attorney on the above referenced account at this time. (only complete first and last name)

COMPLETE THE FOLLOWING SECTION FOR THE ATTORNEY-IN FACT

Name:	
Social Security Number:	Date of Birth:
Address:	City, State, Zip Code:
Primary Phone Number:	E-mail Address:

This form applies to all accounts in my name at QTC

Declaration of Agent and Attorney-in-Fact: I understand that this Limited Power of Attorney may not be used to direct the purchase from or sale to any disqualified person of any asset or to direct any payments to any disqualified person. I understand that by accepting or acting under this appointment, I assume the fiduciary and other legal responsibilities of an agent.

Signature of Attorney-in-fact: _____ Date: _____

SIGNATURE AND ACKNOWLEDGEMENT

This Limited Power of Attorney will remain in effect until I notify QTC in writing that I have revoked it, and it is not affected by my subsequent disability or incapacity. I agree to indemnify and hold harmless QTC, its affiliates, officers, and employees against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Limited Power of Attorney.

This indemnity and hold harmless provision shall survive any termination of the Limited Power of Attorney. I understand that this Limited Power of Attorney will only become effective upon receipt of a fully completed and notarized form with signatures.

Signature of Account Holder: _____ Date: _____

NOTARY ACKNOWLEDGEMENT REQUIRED

State of Notary: _____

County of Notary: _____

This instrument was acknowledged before me on the ____ day of _____, 20____, by _____ (Account Holder).

Notary Public