



# Limited Power of Attorney

PO Box 9  
Cedar City, UT 84721  
Phone: 888-328-8008  
Fax: 435-867-1042

## Part 1 Account Owner Information

NAME (as it appears in your account application)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS	PHONE NUMBER	

## Part 2 Limited Power of Attorney

Please include a clear copy of photo ID for Attorney-In-Fact

This Limited Power of Attorney (LPOA) gives your designated agent the **power to conduct all transactions** (with the exceptions noted below) in your Account. Please read carefully before signing. This form must be completed in full and will only be accepted with your signatures.

I hereby authorize person named below to be my agent and attorney-in-fact to conduct all transactions, except as noted, to the extent of the terms as previously agreed to in my Account Application. **This LPOA may not be used to direct distributions, transfers or to close the account.**

NAME OF ATTORNEY OF FACT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
COMPANY NAME (if applicable)	ATTORNEY-IN-FACT STREET ADDRESS	CITY, STATE, ZIP

This LPOA will remain in effect until the Administrator and/or Custodian has received written notice of revocation from the Account Owner.

I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorneys' fees, and/or third party claims, arising out of and/or in connection with their reliance on this LPOA. This indemnity and hold harmless provision shall survive any Termination of this LPOA. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and or Custodian will not be responsible to take any action should there be any default with regard to this investment. For purposes of this paragraph, the terms Administrator and Custodian include IRA Express, Inc., its agents, assigns, joint ventures, affiliates and/or business associates.

**Important information for Limited Power of Attorney.** To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All LPOA's must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the LPOA's name, driver's license number, etc.

If any provision of this LPOA is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. Please read the disclosure above the signature line before signing and dating.

SIGNATURE OF ATTORNEY-IN-FACT	DATE
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## Part 3 Account Owner Signature

SIGNATURE	DATE
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### NOTARY CERTIFICATION REQUIRED

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_;  to me personally known or  who produced the foregoing \_\_\_\_\_ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last afore said this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_