

## **Limited Power of Attorney**

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

Part 2   Limited Power of Attorney	Part 1 Account Owner Information					
Part 2 Limited Power of Attorney Please include a clear copy of photo ID for Attorney-In-Fact This Limited Power of Attorney (IPOA) gives your designated agent the gover 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 with pie accepted with your signature.  Incredit part of the property o	NAME (as it appears in your account application)		IRA EXPRESS ACCOUNT NUMBER		ACCOUNT TYPE	
Please include a clear copy of photo ID for Attorney-In-Fact This Limited Prover of Attorney (IDOA) give, your decignated agent the generate conduct all transactions (with the exceptions noted below) in your Account. Please read carefully before signing, this form must be completed in fall and will only be accepted with your signatures.  I have by subtroire person named below to be my agent and attorney-in-fact to onduct 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 for doise the account.  NAME OF ATTORNIYEY OF FACT  DATE OF BIRTH  SOCIAL SECURITY NUMBER  EMAIL ADDRESS  TELEPHONE NUMBER  ETAX NUMBER  COMPARNY NAME (if applicable)  ATTORNEY-In-FACT STREET ADDRESS  CITY, STATE, ZIP  Understand that neither the Administrator and/or Custodian has received written notice of revocation from the Account Owner.  Understand that neither the Administrator nor the Custodian has received written notice of revocation from the Account Owner.  Understand that neither the Administrator nor the Custodian has a "flousing" for my account and/or my investment as such terms are defined in the IRIC, BISA, and/or any applicable federal, state or local laws. I agree to release, Indemning, defend and hold the Administrator and/or Custodian hamies from any claims, including, but not limited to actions, liabilities, posses, penalties, fines, attorney of lease, and/or incommental most that her relates on this LPOA. This indemnity and hold harmening provision shall survive any remination of this LPOA. This indemnity and hold harmening provision shall survive any remination of this LPOA. This indemnity and hold harmening and harmening in the remaining provisions, which integrates the inte	EMAIL ADDRESS				PHONE NUMBER	
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NOTARY CERTIFICATION REQUIRED  STATE OF  COUNTY OF  I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared	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 as					
NOTARY CERTIFICATION REQUIRED  STATE OF  COUNTY OF  I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared	Part 3 Account Owner Signature					
STATE OF  COUNTY OF  I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared	SIGNATURE			DATE		
COUNTY OF  I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared	NOTARY CERTIFICATION REQUIRED					
I hereby certify that on this day, before me, an officer duty authorized in the State and County aforesaid to take acknowledgements, personally appeared	STATE OF					
	COUNTY OF					
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						