Power of Attorney Certification

The undersigned account owner (Principal) and individual appointed by Principal to act on his/her behalf (Agent) pursuant to a duly executed Power of Attorney (POA) Agreement hereby provide this Power of Attorney Certification (Certification) to Scottrade, Inc. or its affiliates (together Scottrade). The Principal and Agent acknowledge and understand that Scottrade has the right to rely solely on the representations made by the Principal and Agent in this Certification. In the event the Principal is disabled or incapacitated and unable to execute this Certification, the Agent is requesting Scottrade recognize his/her authority to act on behalf of the Principal. The parties represent and affirm that the underlying POA is general and durable in nature. Scottrade does not currently accept limited or springing POAs.

Every field below must be completed prior to submitting this Certification. Failure to provide the information requested below may result in Scottrade declining to permit the Agent to act in the account in any manner. Please note that Scottrade only accepts Certifications for individual, joint, and IRA account types.

Principal Information

Scottrade Account Number	Scottrade Account Title
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For joint accounts, please state which Principal (Account Owner) the POA covers.

If the Principal has appointed two or more Agents, the Agents will have identical powers. They are authorized to act alone and without the consent of the other Agent or Agents. However, Scottrade may, in its sole discretion, restrict the Account from activity in the event the Agents enter conflicting or inconsistent instructions. In addition, Scottrade may request additional documentation from a Principal or Agent prior to executing any transactions requested by the Agents(s).

Agent Information (If multiple Agents intend to act on the account(s) listed above, each Agent must complete a separate Certification.)

Full Legal Name	Social Security or Tax ID Number	Date of Birth

Street Address	Email Address

City	State	ZIP/Postal Code	Primary Phone Number	Secondary Phone Number

US Citizen? ☐ YES ☐ NO - Indicate Country of Citizenship

Country of Citizenship: _____ ☐ YES - Alien Registration Number _____

☐ NO - Indicate your Visa type and provide proof of legal status _____

Employment ☐ Employed ☐ Homemaker ☐ Self-employed ☐ Student ☐ Unemployed ☐ Retired **Occupation** _____

Employer _____ **Employer Address** _____

☐ YES ☐ NO Are you employed by or affiliated with a securities firm, a stock exchange, or FINRA?
If **yes**, provide name and address of Compliance Department in the space below.

☐ YES ☐ NO Are you an officer, director, affiliate or 10% shareholder of a publicly traded company?
If **yes**, provide symbol and CUSIP# of company in the space below.

☐ YES ☐ NO Are you a state or federally registered investment advisor?
If **yes,** provide employer name and address in the space below

☐ YES ☐ NO Is any applicant or member of immediate family or business associate a senior foreign political official?
If **yes,** provide employer name and address in the space below:

_____

Agent's relationship to the Principal: ☐ Spouse/Domestic Partner ☐ Immediate Relative ☐ Extended Relative
☐ Investment Advisor ☐ CPA ☐ Attorney ☐ Other, please specify: _____

Powers Granted to Agent by Power of Attorney Agreement:
By executing this form the Principal and Agent each represent, acknowledge, and affirm the following:
The POA Agreement is **general** and **durable**.

POA Execution Date _____

The Agent is authorized by the POA to act fully and without limitation on behalf of the Principal with respect to the Scottrade account(s) listed above, and has the power and authority to act as the Principal would act with regard to the account(s), including, but not limited to, being authorized to take the following actions:

- Buy and sell securities
- Access and view the account online
- Withdraw funds from an account for the benefit of any third party (including Agent)
- Change or transfer asset ownership to an account with a like-name registration
- Change or otherwise designate beneficiaries to receive any property, benefit, or contract right on the Principal's death, including making transfer on death designations
- Utilize options or margin trading to the level approved by Scottrade
- Engage in any transactional activity permitted in the account
- Change account notification settings from online to traditional mail
- Open a new account
- Open and fund a managed account with Scottrade Investment Management
- Make or revoke a gift of the Principal's property in trust or otherwise
- Create or change survivorship interests in the Principal's property or in property in which the Principal may have an interest
- For IRAs only: Make elections relating to tax withholding and direct distributions (other than to the Agent)
- Request duplicate account statements and/or trade confirmations be sent to the Agent

The Agent agrees not to access or transact in the account(s) if the Agent is or becomes aware that the Agent's authority has been revoked, suspended, or terminated, and the Agent agrees not to exercise any power(s) that the Agent knows or believes to be in violation of the POA or not authorized by or otherwise not in compliance with the POA.

Principal's Representations and Warranties

As Principal, I certify the POA is valid and complies with the law of my domicile. I understand this Certification authorizes my Agent to exercise all rights and powers listed herein as though I were acting in the account myself. I understand that all actions taken by my Agent in my Scottrade account(s) are fully legally binding upon me. Scottrade is authorized to accept and rely upon instructions from the named Agent without any additional approval, signature or co-signature from me. As Principal, I hereby ratify and confirm any and all transactions with Scottrade made by my Agent in the above referenced account(s). I understand that unless required by applicable law, Scottrade has no duty to review, supervise or monitor any investment decision, trading activity or transaction by Agent in my account(s). I further understand Scottrade reserves the right, in its sole discretion, to no longer honor instruction from Agent and will notify me in such event. I will not attempt to hold Scottrade liable for any trade or decision made by the Agent whom I have selected regardless of whether or not any such trade or decision was specifically authorized by me.

Agent's Certification and Acceptance of Authority

As Agent, I certify the following:

- To the best of my knowledge, information, and belief the Principal had capacity to execute the POA at the time the POA was executed.
- I have the authority to act on behalf of the Principal.
- The Principal is alive and has not partially or completely revoked, terminated, or suspended the POA.
- My powers as Agent have not been altered or terminated.
- The POA remains in full force and effect.
- The POA is valid and complies with the laws of the Principal's domicile.
- A petition to determine the capacity of the Principal or appoint a guardian on behalf of the Principal is not pending and I agree to notify Scottrade immediately if I become aware that such a petition has been filed.
- The above listed powers are validly granted by the POA, and I will not exercise any powers granted by the POA if I attain knowledge that the POA has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or entry of an order of guardianship and/or conservatorship for the Principal by a court.
- I understand that I am responsible for the confidentiality and protection of the account number and password that allow me to access Scottrade's electronic trading system.
- In the event more than one Agent is named in the POA, I represent that I am authorized to act independently and that Scottrade may follow my instructions independent of all other Agents.
- I understand that in the event of conflicting instructions by Agents or a Principal and Agent, Scottrade may restrict account activity until Scottrade deems the instructions are entirely clear.

The Principal and Agent acknowledge that they have been provided with the applicable account agreements, including but not limited to the Scottrade Brokerage Account Agreement, and terms and conditions via www.scottrade.com, and agree to abide by and be bound by the applicable terms and conditions of the Scottrade account(s) listed above. The Principal and Agent acknowledge Scottrade's Brokerage Account Agreement contains a pre-dispute arbitration clause in Section VII-B on page 11.

The Principal and Agent agree to immediately notify Scottrade of any change that would affect the accuracy of any statement contained in this Certification, including but not limited to the revocation or expiration of the POA. The Principal and Agent acknowledge and understand that Scottrade will act in reliance on the statements made by each of them in this Certification and the Principal and Agent's representations about the POA. The Principal and Agent acknowledge and understand that Scottrade does not provide tax or legal advice.

If the Principal is disabled or incapacitated and unable to sign the POA Certification before a Notary, the Agent must provide a doctor's letter as proof of disability or incapacity.

The undersigned hereby agree to indemnify Scottrade, its affiliates, successors, assigns, officers, directors, agents, and employees, and hold them free and harmless from, and to promptly pay Scottrade upon demand for, any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) or financial obligations that may arise from the acts or omissions of the Principal or Agent, whether or not authorized by the POA document.

_____	X _____	_____
Principal Printed Name	**Principal Signature**	**Date**

Notary Authorization and Seal

State of _____ County of _____

On _____ day of _____ , 20 _____ , before me, the undersigned notary public, personally appeared, _____ known to me to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

X _____
Notary Public
1467042

Notary Seal:

_____	X _____	_____
Agent Printed Name	**Agent Signature**	**Date**

Notary Authorization and Seal

State of _____ County of _____

On _____ day of _____ , 20 _____ , before me, the undersigned notary public, personally appeared, _____ known to me to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

X _____
Notary Public
1467042

Notary Seal: