



Power of Attorney All states except New York

Use this form to grant or modify the power of a third party (your Agent or "Attorney-in-Fact") to act on your behalf on one or more Fidelity Brokerage Services LLC ("Fidelity," or "we" or "us") brokerage or Premiere Select® or Fidelity IRA accounts with the same owner. NY residents must use the NY Power of Attorney form. Do NOT use this form for business, custodial, estate, conservator, escrow, Fidelity Retirement Plan (Keogh) and defined benefit accounts, non-prototype retirement accounts, and other fiduciary registrations. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

Helpful to Know

- **This is a very important legal document.** It gives another person control over your accounts listed in Section 2 and direct access to your money. The person will have the power to buy, sell, transfer, and dispose of any assets in the accounts you identify here, including assets you may acquire in the future. **Review it carefully with a trusted legal professional before you sign it.**
- Your Attorney-in-Fact (the person to whom you grant power of attorney) may have the right to take reasonable payment from your account for his/her services.
- This is a durable power of attorney ("POA") document for all account registrations except trust accounts, meaning it remains in effect regardless of your physical or mental health — even if you become incompetent and can no longer make your own decisions or manage your own affairs. For trust accounts, the POA is non-durable, meaning the Attorney-in-Fact's power will expire upon Fidelity's notice and receipt, in writing, of your death, mental disability, incompetence or incapacity. From the moment you sign this POA, your Attorney-in-Fact will have the powers granted by this POA until we receive written notice revoking those powers.
- You have the right to modify or revoke this POA. To do so, submit a new POA form. Should you be declared incompetent, you lose the option of modifying or revoking this POA.
- You must complete Sections 1–5 and 8 yourself, and your Attorney-in-Fact must complete Sections 6 and 7. You must have this form notarized and, if applicable, sign and date this form in the presence of witnesses. Check your state's requirements to determine if, and how many, witnesses are necessary.
- This POA appoints an Attorney-in-Fact for one person. Joint account owners or other individuals must complete a separate POA.
- Check the laws of your state for any additional requirements. **Residents of CA, ME, PA, and WI:** See additional notices at the end of this POA that you, and in some cases your Attorney-in-Fact, may be required to review and complete.
- To add checkwriting or grant the Attorney-in-Fact checkwriting privileges, complete the Checkwriting Signature Card at the end of the form. All account owners and the Attorney-in-Fact that will be writing checks for the account must sign, as this signature card will replace all checkwriting information on file with the bank. Duplicate the Checkwriting Signature Card for more than one account.

Advisor Name	G Number
	G

1. Account Owner *IMPORTANT: This form appoints an Attorney-in-Fact for one person.*

Phone numbers are for questions about this request only; they will not update your Fidelity contact information.

Account Owner Name		
Daytime Phone	Extension	Evening Phone

2. Account(s) Included

List accounts to which you want this form to apply. To appoint a different Attorney-in-Fact for other accounts, use a copy of this form.

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

Required for trust accounts. Adding POA to a Trust Account
 If establishing a power of attorney on a trust account, by checking the box provided I hereby certify that I am permitted as the trustee under the governing trust document to hire agents and delegate all authority as outlined herein.

3. Powers to be Granted *The powers granted herein include but are not limited to the following:*

Powers granted by the account owner identified in Section 1. You hereby acknowledge and represent, you are the account owner or trustee, as applicable, and hereby constitute and appoint the Attorney-in-Fact listed with power and authority as designated herein to act for you and on your behalf in connection with your Fidelity accounts, however designated, specifically conferring upon your Attorney-in-Fact those powers that are listed below and otherwise herein. As trustee, by signing below you represent that under the applicable governing documents you are permitted to delegate authority to the Attorney-in-Fact all powers and authorities represented herein.

Standard Powers

By completing this form, you grant all of these powers to the Attorney-in-Fact identified in Section 6.

- **Access accounts and place trades** Buy, sell, sell short, exchange, convert, tender, or otherwise acquire or dispose of all types of securities and other investments, including the right to borrow on margin and conduct options transactions to whatever extent any applicable account is approved for these features.
- **Withdraw money** Remove assets from the accounts — by any means available for that account type and regardless of any tax consequences. Withdrawn assets may be distributed to you or to any third party, including your Attorney-in-Fact. These powers are in addition to any asset movement authorization granted to your Authorized agent/Advisor for the applicable account(s).
- **Move money among accounts** Initiate transfers of assets between account(s) including initiating rollovers, Roth IRA conversions, or IRA recharacterizations, and instruct Fidelity to distribute or transfer to you, to the Attorney-in-Fact, or to a successor custodian or trustee any and all cash, securities of any type, or other property held in accounts under this agreement regardless of the tax consequences of any such distribution or transfer.
- **Receive statements** in any form.
- **Modify, close, or open accounts** Modify or close any account named on this form and use your taxpayer ID to open any number or type of new accounts of which you will be listed as an owner, including managed accounts, for your benefit.
- **Answer for tax matters** Make, execute, present, modify, and exercise any certification (including, without limitation, IRS Forms W-8 and W-9 and any substitutes for or successors to those forms) or election available or required under federal, state, local, or foreign tax law related to the account(s) or any accounts your Attorney-in-Fact may open, to the extent permitted by the applicable taxing authority.
- **Change addresses** Change the legal or mailing address on the accounts.
- **Write checks** Establish checkwriting and/or sign checks drawn on the accounts.
- **Other items** Any and all other transactions or requests an owner of an account may make unless it needs to be specifically provided for in the Additional Powers section below.

Additional Powers

In addition to those powers outlined above, the Attorney-in-Fact identified in Section 6 will only be granted these powers if you check the appropriate option.

- Check one. **Name others as beneficiaries** *Add, change, or remove beneficiaries (in accordance with specific account rules), provided that this does not grant the Attorney-in-Fact the authority to name him/herself as a beneficiary.*
- Name others or self as beneficiary** *Add, change, or remove beneficiaries (in accordance with specific account rules), including the ability to allow the Attorney-in-Fact to self appoint him/herself as a beneficiary.*

4. Duplicate Materials

If you would like your Attorney-in-Fact to receive copies of account statements or transaction confirmations, check the appropriate boxes below. Account statements can be sent either electronically or by U.S. mail. If you would like them to be sent electronically, provide a valid email address. To view statements online, you must already have an account with Fidelity Investments and be set up as an Interested Party on this account.

If the Attorney-in-Fact indicates in Section 6 that they are associated with a firm engaged in the securities business, Fidelity must also send copies of your account statements to that firm. If you **do not authorize Fidelity to send duplicate statements** to those parties, Fidelity will be unable to process this POA.

Indicate which materials should be sent to your Attorney-in-Fact and any securities firm with which he/she is affiliated.

- Account statements
- Transaction confirmations (will be sent by U.S. mail)

Email

5. Remove Existing Attorneys-in-Fact

Complete this section ONLY if you want to remove one or more existing Attorney(s)-in-Fact from your account(s). If you do not want to make any changes to your existing Attorneys-in-Fact, skip to Section 6. If you are not appointing a new Attorney-in-Fact with this form, skip to Section 8. No notary or witness is required.

Check no more than one.

- Remove ALL existing Attorneys-in-Fact.
 Remove ONLY the following Attorney(s)-in-Fact:

Name(s)

6. Add an Attorney-in-Fact

Sections 6 and 7 must be completed by the Attorney-in-Fact.

Be sure to provide your full legal name.

First Name	M.I.	Last Name
Social Security/Taxpayer ID Number	Required <input type="checkbox"/> SSN <input type="checkbox"/> TIN	Date of Birth MM DD YYYY
Daytime Phone	Extension	Evening Phone

Permanent Address

Provide the address used for tax reporting. Cannot be a P.O. Box, Mail Drop, or c/o.

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address

Complete only if different than permanent address.

Address			
City	State/Province	Zip/Postal Code	Country

Citizenship

U.S. Citizens

- U.S. Citizen and tax resident

Foreign Citizens ONLY: Residency, Citizenship, and Government Identification

If you are NOT a U.S. citizen, check one and provide information.

- Permanent U.S. resident Nonpermanent U.S. resident Nonresident of U.S.

Country of Citizenship	Country of Tax Residency
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Check one and attach copy of unexpired Government ID showing number and photo.

- Passport Other Government-Issued ID

ID Number	Country of Issuance
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6. Add an Attorney-in-Fact *continued*

Affiliations and Corporate Control Status

Fidelity is required by industry regulations to determine if you or someone in your household are associated with a financial services company or are a control person of a corporation.

If you check this box, **attach compliance officer's letter of approval ("407 letter")**.

If your association is with your employer we must let them know that you have applied for this account. Having an account at a firm does not make you an associate.

You are associated with or employed by a stock exchange, exchange member, FINRA, or municipal securities dealer:

Entity Name			
Entity Address			
City	State/Province	Zip/Postal Code	Country

You are, or someone in your household or immediate family is, a control person of a publicly traded company under SEC Rule 144 (such as director, 10% shareholder, policy-making officer, or member of the board of directors).

Company Name	Trading Symbol
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7. Attorney-in-Fact Signature and Date *Notarized signature and date required.*

By signing below, you:

- Affirm that you have read, understand, and agree to the current terms of the POA and the account features the account owner has selected and agree to future amendments to these terms and any applicable state notices.
- Affirm that you are the Attorney-in-Fact named in this POA and accept appointment as Attorney-in-Fact for the account owner.
- Agree that any information given on this POA is subject to verification. You authorize us to act on all instructions approved on this POA, to obtain a credit or other financial responsibility report on you and, upon written request, to provide the name and address of the credit reporting agency used.
- Represent and warrant that if you have not checked the boxes for Affiliations and Corporate Control Status you are not affiliated with or employed by a stock exchange, the Financial Industry Regulatory Authority or a broker-dealer and you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policymaking officer), or an immediate family or household member of such a person.
- Affirm that the account owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the account owner.
- Agree not to knowingly issue any instructions that are inconsistent with your appointment as Attorney-in-Fact and all applicable account agreements.
- Agree to avoid conflicts that are incompatible with the account owner's best interest.
- Agree to keep the account owner's property separate from any assets you own or control, unless otherwise permitted by law.
- Agree to keep a record of all receipts, payments, and transactions conducted for the account owner.
- Agree that you should identify yourself as Attorney-in-Fact, or Agent, of the account owner when signing documents on behalf of the account owner.
- Represent that if more than one Attorney-in-Fact is appointed, you are authorized to act severally (i.e., individually), and that we may act on your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- If this is a trust account, affirm the governing trust document permits me as the trustee to hire agents and delegate all authority as outlined herein.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorney-in-Fact, Fidelity may restrict the accounts until we have satisfactory written instructions or a court order instructing us how to proceed.
- Indemnify and hold Fidelity harmless from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by us arising out of or relating to transactions made in accordance with your instructions or your failure to provide instructions as Attorney-in-Fact.
- Agree that we may restrict your authority to remove assets from the accounts listed or to conduct any other activity on the accounts after receipt of this POA.
- Affirm that the account owner executed this POA while competent to do so and was not acting under duress or undue influence.
- Agree that this POA will remain in full force and effect until such time as satisfactory written notification of termination or significant alteration is received by Fidelity.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason including termination of your marriage (if applicable) to the principal by divorce or annulment.

This POA shall be governed by Massachusetts law, except with respect to its conflict of laws provisions.

You acknowledge that the account(s) and POA are governed by a pre-dispute arbitration clause, which appears on the last page of the Fidelity Brokerage Account Client Agreement and Retirement Account Client Agreement, and that you have read the pre-dispute arbitration clause.

continued on next page

7. Attorney-in-Fact Signature and Date *continued*

Attorney-in-Fact must sign and date and have their signature notarized below.

Attorney-in-Fact Name	
Attorney-in-Fact Signature	Date MM - DD - YYYY
SIGN ▶	▶

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents regarding the below: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public *Must be a U.S. Notary.*

State of _____, in the County of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ (Type of Identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ (Date).

Print Notary Name	
Notary Signature	Date MM - DD - YYYY
SIGN ▶	▶

NOTARY SEAL/STAMP

My commission expires ____ / ____ / ____.

8. Account Owner Signature and Date *Notarized signature and date required.*

In the section below, "Fidelity," "us," and "we" refer to Fidelity Brokerage Services LLC and National Financial Services LLC and their affiliates, their employees, agents, shareholders, successors and assigns and representatives, as the context may require; "you" and "account owner" refer to the owner indicated on this POA; for any account with more than one owner (such as a joint or trust account), "you" and "account owner" or "account owners" refer to all owners, collectively and individually.

By signing below, you:

- Affirm that you have read, understand, and agree to the current terms and notices, Helpful to Know information of this POA, and the account agreements and the account features you selected. You agree to future amendments to these terms and any applicable state power of attorney notices.
- Authorize us to act on all instructions approved on this POA, including providing your Attorney-in-Fact and any securities firm your Attorney-in-Fact is associated with, copies of any duplicate materials provided to your Attorney-in-fact.
- Affirm that you appoint the individual identified in this form as your Attorney-in-Fact, granting specified powers for all accounts identified on this form including the additional powers as granted by you in Section 3 above.
- Ratify and confirm instructions to us from your Attorney-in-Fact authorized by this form and applicable account agreements.
- Certify that you are owner of the account(s) identified in this POA and that all information you have provided to us in this POA is true, accurate, and complete.
- Acknowledge that we do not give legal or tax advice in connection with our financial products and services and any legal or tax information provided by us is for informational purposes only. You are encouraged to consult with your attorney, tax, or other financial professional before making any financial decisions.
- Acknowledge that Fidelity has no duty to, and does not, monitor the activities of your Attorney-in-Fact.
- Authorize Fidelity to send duplicate statements to your Attorney-in-Fact.
- Agree to pay all costs, fees and commissions, incurred in the accounts

identified in this form, by your Attorney-in-Fact, including any that remain unpaid after an Attorney-in-Fact ceases to serve for any reason.

- Indemnify and hold Fidelity harmless from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by us arising out of or relating to your instructions or with any action or instruction of your Attorney-in-Fact, even if your Attorney-in-Fact's authorization has been terminated but we have not received notice of the termination.
- Acknowledge that if this is a trust account, by checking the applicable box and signing, you affirm the governing trust document permits the trustee to hire agents and delegate all authority as outlined herein.
- Agree that to induce any third party to act, any such third parties receiving an executed copy of this POA may act upon it, and any revocation or termination of it shall not be effective and until written notice of it has been received by such third parties.
- Affirm that you understand that your Attorney-in-Fact may be entitled to receive compensation out of your accounts for services performed.
- Agree that this form is in addition to (and in no way limits or restricts) any and all rights which Fidelity may have under any other agreement or agreements between Fidelity and you, and shall inure and continue in favor of Fidelity, its successors (by merger, consolidation, or otherwise) and assigns.
- Agree that this form supplements and does not limit any rights we may have under any other agreement between us and you, and shall be effective for our and our successors' and assigns' benefit, whether by merger, consolidation, or otherwise.

Margin or options customers

- Acknowledge that the Attorney-in-Fact may open or close option positions, and exercise or sell options contracts as either a covered or uncovered writer if the account is approved to trade options; and recognize the risks involved, if the Attorney-in-Fact engages in margin or option transactions, and are prepared to undertake such risks.

For trust accounts only

- Represent that as trustee, the trust permits you to delegate to the Attorney-in-Fact all powers as outlined herein.
- Certify that the trust instrument authorizes the delegation of agents as indicated within this POA and that this delegation does not in any way conflict with the laws that govern the trust.
- Agree that, for trust accounts, this POA authorization shall terminate upon our notice and receipt, in writing, of your death, mental disability, incompetence or incapacity or upon revocation by you in writing to us.

Accounts with multiple Attorneys-in-Fact

- Authorize each Attorney-in-Fact to exercise each power granted individually which Fidelity may act upon without the consent of any other Attorney-in-Fact.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorney-in-Fact, we may restrict the account until the conflict is resolved by: a) written instructions from you, b) joint written instructions from all Attorneys-in-Fact, or c) a court order instructing us how to proceed.

Understand that this Power of Attorney ("POA") shall be governed by Massachusetts law, except with respect to its conflict of laws provisions. This form must be signed and notarized. You may also be required to have this form witnessed. Check with the laws of the state in which you are executing this POA to determine if and how many (one or two) witnesses may be required.

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8. Account Owner Signature and Date *continued*

Acknowledge that the account(s) and POA is governed by a pre-dispute arbitration clause, which appears on the last page of the Fidelity Brokerage Account Client Agreement and Retirement Account Client Agreement, and you acknowledge that you have received a copy of this clause.

Print Owner Name	Witness Name
Owner Signature Date MM - DD - YYYY	Witness Signature Date MM - DD - YYYY
SIGN	SIGN

Witness Name	Witness Signature Date MM - DD - YYYY
SIGN	SIGN

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents regarding the below: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public *Must be a U.S. Notary.*

State of _____, in the County of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ (Type of Identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ (Date).

Print Notary Name
Notary Signature Date MM - DD - YYYY
SIGN

NOTARY SEAL/STAMP

My commission expires ____ / ____ / ____.

Checkwriting Signature Card

Account Number									
9	9	9	1						

Checkwriting Terms and Conditions

This is for nonretirement accounts only. To update checkwriting on retirement accounts, you must attach the IRA Checkwriting form. This signature card REPLACES any checkwriting information currently on your account.

By signing you:

- Agree the checkwriting feature is optional and provided by such bank as Fidelity may select from time to time (the "bank").
- Agree the checkwriting service is governed by the rules of the bank, the applicable provisions of the Uniform Commercial Code, and applicable state and federal law.
- Acknowledge that Fidelity will charge you a nominal fee for check reorders and any special expenses incurred on this checking service, including a charge for checks returned for insufficient funds, stop payment requests, dishonored checks, and copies of checks.
- Understand cancelled checks will not be returned.
- Understand that accounts engaged in excessive checkwriting may have the feature revoked or the account may be closed immediately at Fidelity's discretion.
- Understand that checks will be dishonored if the Collected Balance in your account is insufficient to honor a check in full, and Fidelity and the bank are not liable to you for any consequences of such dishonor.
- Agree to notify Fidelity immediately upon the loss or theft of checks associated with the account.
- Agree to be subject to the terms and conditions, guidelines, and rules applicable to your account as now in effect, and as amended from time to time, of the fund(s) and of UMB Bank, N.A. ("the Bank"), as they pertain to the use of redemption checks.
- Appoint the Bank as an agent by the account holders signing this form and, as such agent, the Bank is directed to request Fidelity to debit monies or redeem shares of such Fidelity fund(s) as designated by the account holders from time to time, and as recorded on Fidelity's records, upon receipt of and to the amount of, checks drawn upon this account(s). In so acting, the Bank shall be liable only for its own negligence. Account holders will be subject to the Bank's rules, regulations, and associated laws governing check collection, including the Uniform Commercial Code as enacted in the State of Missouri.
- Understand that a copy of the UMB Bank, N.A. Statement of Terms and Conditions applicable to your account will be enclosed with your initial order of checks.

Signatures and Dates

By signing below, you agree to everything in the "Terms and Conditions" section. **For checkwriting, the Attorney-in-Fact, each account owner, trustee, or authorized individual (on a business account) that will be signing checks for this account must sign and date.**

Print Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Notice for California Residents Pursuant to Cal. Prob. Code § 4128

Notice to Person Executing Durable Power of Attorney

This notice must also be read and signed by the Attorney-in-Fact.

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent (Attorney-in-Fact) has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless

you provide otherwise in this power of attorney.

The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original.

You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is

signed by two witnesses, they must witness either:

1. The signing of the power of attorney.
2. The principal's signing or acknowledgment of his or her signature.

A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

Notice to Person Accepting the Appointment as Attorney-In-Fact

By acting or agreeing to act as the agent (Attorney-in-Fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property

is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (Attorney-in-Fact) under the terms of this power of attorney.

Agent/Attorney-in-Fact Name	
Agent/Attorney-in-Fact Signature	Date MM - DD - YYYY
SIGN ▶	▶



Notice for Maine Residents *Pursuant to 18-A M.R.S. § 5-905.*

Important Notice to the Account Owner

As the Account Owner, you are using this power of attorney to grant power to another person (called the Agent) to make decisions about your property and to use your property on your behalf. Under this power of attorney you give your Agent broad and sweeping powers to sell or otherwise dispose of your property without notice to you. Under this document your Agent will continue to have these powers after you become incapacitated. The powers that you give your Agent are explained more fully in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9. You have the right to revoke this power of attorney at any time as long as you are not incapacitated. If there is anything about this power of attorney that you do not understand you should ask a lawyer to explain it to you.

Important Notice to the Agent

As the "Agent" you are given power under this power of attorney to make decisions about the property belonging to the Principal and to dispose of the Principal's property on the Principal's behalf in accordance with the terms of this power of attorney. This power of attorney is valid only if the Principal is of sound mind when the Principal signs it. 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 upon you legal duties that continue until you resign or the power

of attorney is terminated or revoked. The duties are more fully explained in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9. As the Agent, you are generally not entitled to use the Principal's property for your own benefit or to make gifts to yourself or others unless the power of attorney gives you such authority. If you violate your duty under this power of attorney you may be liable for damages and may be subject to criminal prosecution. You must stop acting on behalf of the Principal if you learn of any event that terminates this

power of attorney or your authority under this power of attorney. Events of termination are more fully explained in the Maine Uniform Power of Attorney Act and include, but are not limited to, revocation of your authority or of the power of attorney by the Principal, the death of the Principal or the commencement of divorce proceedings between you and the Principal. If there is anything about this power of attorney or your duties under it that you do not understand you should ask a lawyer to explain it to you.

Notice for Pennsylvania Residents *Pursuant to 20 PA.C.S.A. § 5601.*

Notice

THIS NOTICE MUST BE SIGNED BY THE ACCOUNT OWNER.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME,

EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY. THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE

OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Owner Name	
Owner Signature	Date MM - DD - YYYY
SIGN ▶	▶

continued on next page



Notice for Pennsylvania Residents *continued*

Agent Acknowledgment

AN AGENT SHALL HAVE NO AUTHORITY TO ACT AS AGENT UNDER THE POWER OF ATTORNEY UNLESS THE AGENT HAS FIRST EXECUTED AND AFFIXED TO THE POWER OF ATTORNEY AN ACKNOWLEDGMENT IN SUBSTANTIALLY THE FOLLOWING FORM:

I HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT WHEN I ACT AS AGENT: I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS

TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

Agent Name	
Agent Signature	Date MM - DD - YYYY
SIGN ▶	▶

Notice for Wisconsin Residents

Agent Acknowledgment

I have been appointed as attorney-in-fact for the principal, under a durable power of attorney. By signing this document, I acknowledge that if and when I act as attorney-in-fact, all of the following apply:

- (a) Except as provided in the durable power of attorney, I must act in accordance with the standards of care applicable to fiduciaries acting under durable powers of attorney.
- (b) I must take reasonable steps to follow the instructions of the principal.
- (c) Upon request of the principal, I must keep the principal informed of my actions. I must provide an accounting to the principal upon request of the principal, to a guardian or conservator

appointed on behalf of the principal upon the request of that guardian or conservator, or pursuant to judicial order.

- (d) I cannot make a gift from the principal's property, unless provided for in the durable power of attorney or by judicial order.
- (e) Unless provided in the durable power of attorney or by judicial order, I, while acting as attorney-in-fact, shall not create an account or other asset in joint tenancy between the principal and me.
- (f) I must maintain records of my transactions as attorney-in-fact, including receipts, disbursements, and investments.

- (g) I may be liable for any damage or loss to the principal, and may be subject to any other available remedy, for breach of fiduciary duty owed to the principal. In the durable power of attorney, the principal may exonerate me of any liability to the principal for breach of fiduciary duty except for actions committed by me in bad faith or with reckless indifference. An exoneration clause is not enforceable if inserted as the result of my abuse of a fiduciary or confidential relationship to the principal.
- (h) I may be subject to civil or criminal penalties if I violate my duties to the principal.

Agent Name	
Agent Signature	Date MM - DD - YYYY
SIGN ▶	▶