



Limited Power of Attorney

This Limited Power of Attorney may be used by account holder’s family members, attorney, professional advisors, or other designees as Account Owner desires. The Account Owner is advised to seek legal counsel before entering into this limited power of attorney. The signature of the Account Owner granting the limited power of attorney shall be notarized.

1. Account Owner Information Acting as Principal

First Name: _____ MI: _____ Last Name: _____

Last 4 of SSN: _____ Date of Birth: ____/____/____ Phone Number: _____

2. Accounts Which My Designated Agent Below Will Have Authority to Act

Account Number	Account Type	Account Number	Account Type

3. Duplicate Statements

Check here if you would like the Attorney-in-Fact to receive electronic copies of account statements.

4. Designated Agent/ Attorney-in-Fact (All information is required along with Photo ID of Agent)

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. By signing below, I hereby authorize the person named below to be my agent and attorney-in-fact to conduct all transactions for the accounts identified above as my true and lawful attorney in fact for me and in my name and place, 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.

I understand that Directed IRA (“Custodian”) is not 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 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 Limited Power of Attorney. This indemnity and hold harmless provision shall survive any Termination of this Limited Power of Attorney. In the event of claims by others related to my account and/or investment wherein Custodian are named as a party, 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 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 Custodian, I will promptly reimburse Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, 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 Custodian will not be responsible to take any action should there be any default with regard to this investment.

First Name: _____ MI: _____ Last Name: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Phone No.: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip Code: _____

Email Address: _____

5. Designated Agent / Attorney-in-Fact Signature

Designated Agent/Attorney-in-Fact by signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by the provisions of this form as well as (and without limitation) the terms and conditions governing Directed IRA's relationship with the Account Owner set forth in the Directed IRA Custodial Account Agreement and the Fee Schedule as is currently in effect and as may be amended in the future.
- Agree to identify yourself as Agent when signing documents on behalf of the Account Owner, using either of these accepted forms:
 - "(Account Owner name) by (your signature) as Agent"; or "(your signature) as Agent for (Account Owner name)".
- Agree to indemnify and hold Directed IRA harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnification in this bullet are in addition to, and do not limit, any rights that Directed IRA may have under any other agreement with you.

➤ _____
Designated Agent/Attorney-in-Fact Signature
_____ Date

IMPORTANT USA PATRIOT ACT INFORMATION

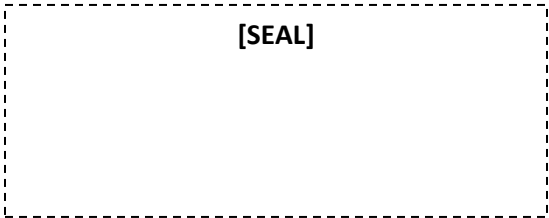
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to the Designated Agent/Attorney-in-Fact: You must provide us with your name, residential address, social security number, date of birth and your Driver's License or State ID number before we will accept your authorization to act on behalf of the Account owner.

6. Account Owner Authorization

➤ _____
Account Owner Signature
_____ Date

Sworn to and subscribed before me on this _____ day of _____ 20____.



➤ _____
Notary Public Signature
My Commission Expires _____

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

Email Forms to: Clients@directedira.com	Send Mail to: 3033 N. Central Ave. Ste. 415 Phoenix, AZ 85012	Fax: 602-899-9641	Questions? (800) 818-1322 Clients@directedira.com
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation