

## Limited Trading Authorization Purchases and Sales of Securities

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner(s)' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in Cash and/or on Margin in the Account Owner(s)' name or number on the TD AMERITRADE Clearing, Inc.'s (the "Clearing Firm") books (the "Account"). Authorized Agents may act on behalf of and without notice to Account Owner(s) to buy, sell, sell short and to otherwise trade stocks, bonds, mutual funds, options and/or any other securities, financial contracts or financial instruments. The actions of Authorized Agents have the same force and effect as those of Account Owner(s) with respect to such transactions, and TD AMERITRADE, Division of TD AMERITRADE, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by Account Owner(s). The Client Agreement set forth in the Account Agreement (including arbitration of disputes), and this client agreement otherwise established by Clearing Firm, shall apply equally to Authorized Agents.

If this is a fiduciary account, Account Owner(s) affirms that this grant of limited trading authority has been conferred consistent with their fiduciary duties and powers.

Account Owner(s) understands all such transactions conducted by Authorized Agents are at their risk. Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by Authorized Agents for Account. Accordingly, Account Owner(s) agrees to indemnify and hold harmless Brokerage Firm and Clearing Firm from any and all losses arising from, and to promptly pay on demand any debit balance due on Account.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Brokerage Firm or Clearing Firm may have under any other agreement with Account Owner(s) or Authorized Agents. This authorization and indemnification shall benefit Brokerage Firm and Clearing Firm, any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Limited Trading Authorization Agreement supersedes any prior Limited Trading Authorization Agreements that Account Owner(s) may have executed with regard to Account. This Agreement shall remain in full force and effect until revoked by Account Owner(s)' written notice addressed to Brokerage Firm and delivered to its offices. Account Owner(s) shall be liable for transactions initiated prior to Brokerage Firm's receipt of such written revocation.

Authorized Agents agree to immediately notify Brokerage Firm in writing if Authorized Agents, or a member of their household is either a) currently employed or licensed by a member of a stock exchange or the National Association of Securities Dealers (NASD), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or b) a director, 10% shareholder or policy-making officer of a company which trades publicly on a stock exchange.

**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 authorized to trade on an account.**

**What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.**



## Limited Trading Authorization

By our signatures below, Account Owner(s) and Authorized Agents agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to Account.

### Account Owner (if joint account, both owners must sign)

Date: \_\_\_\_\_

Print Name (First, Middle Initial, Last, Suffix): \_\_\_\_\_

Signature: \_\_\_\_\_

### Account Co-Owner

Date: \_\_\_\_\_

Print Name (First, Middle Initial, Last, Suffix): \_\_\_\_\_

Signature: \_\_\_\_\_

### Authorized Agent

Print Name (First, Middle Initial, Last, Suffix): \_\_\_\_\_

Street Address, City, State/Province, Zip/Postal Code (No PO boxes): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birth Date (Month/Day/Year): \_\_\_\_\_

U.S. Social Security Number (If none, you must submit a copy of your passport): \_\_\_\_\_

Check here if you, any member of your immediate family, personal or business associate is a senior political figure. Specify the name of the political figure, political title, relationship to account owner and country of office. \_\_\_\_\_

Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city and state/province. \_\_\_\_\_

Check here if you are licensed or employed by a registered broker/dealer. We must receive a compliance letter along with this application.

Please specify if you are:  Unemployed  Retired  Homemaker  Student Source of income (if retired or unemployed): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

(If self-employed, provide the name of your business and type of business.)

Type of Business: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Agent

Print Name (First, Middle Initial, Last, Suffix): \_\_\_\_\_

Street Address, City, State/Province, Zip/Postal Code (No PO boxes): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birth Date (Month/Day/Year): \_\_\_\_\_

U.S. Social Security Number (If none, you must submit a copy of your passport): \_\_\_\_\_

Check here if you, any member of your immediate family, personal or business associate is a senior political figure. Specify the name of the political figure, political title, relationship to account owner and country of office. \_\_\_\_\_

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City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_