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Trading and Fee Payment Authorization

TRADING AUTHORIZATION AND LIMITED POWER OF ATTORNEY (LPOA)

I hereby constitute and appoint _____ (Name of advisory firm, agent, investment manager, or program sponsor), hereinafter referred to as "Agent," as my Agent and attorney-in-fact, to buy, sell (including short sales) and trade in stocks, bonds, mutual funds, precious metals, or any other securities and/or contracts relating to the same, in cash or on margin in accordance with your terms and conditions for this account for my benefit and at my risk. My Agent is specifically authorized to effect option transactions in my account, including uncovered options transactions or to uncover a covered option position for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. My Agent is authorized to effect such transactions in my account via any medium available through Shareholders Service Group ("SSG" or "you"), electronic or otherwise. I hereby grant discretionary authority, and I ratify and confirm any and all transactions heretofore or hereafter made by my Agent for my account. I understand and agree that SSG has no duty or responsibility to monitor trading in my accounts by my Agent or to notify me prior to accepting instructions from my Agent. In all such transactions you are authorized to follow my Agent's instructions concerning my account with you, and my Agent is authorized to act for me with the same force and effect as I could do with respect to such purchases, sales or trades, as well as with respect to all other things necessary or incidental to the furtherance of such purchases, sales or trades. I hereby authorize SSG, its agents and service providers to provide my Advisor, its agents and service providers access to my account, my trade confirms, statements and personal account data and to share my personal information with other service providers as needed in order to fulfill instructions for my account. I hereby authorize SSG to accept instructions from my Agent to send money or securities from my account directly to me or to accounts for my benefit, without additional written instructions. If this Agreement is entered into by a trustee or other fiduciary, including someone meeting the definition of fiduciary under the Employee Retirement Income Security Act of 1974 ("ERISA") or an employee benefit plan subject to ERISA, such trustee or other fiduciary (the "Fiduciary") represents and warrants that the execution of this Authorization is permitted by the governing instrument of such plan, and that the Fiduciary is authorized to enter into this Agreement. The Fiduciary agrees to furnish SSG or Advisor or their agents with documents as they may request with respect to the foregoing. The Fiduciary agrees to advise them of any event which might affect validity of this authority. The Fiduciary additionally represents and warrants (i) that the governing instruments provide that an "investment manager" (as defined in ERISA) may be appointed, and (ii) that the person executing and delivering this Agreement is a "named fiduciary" (as defined in ERISA) who has the power under the plan to appoint investment manager(s).

I have read this authorization and understand that it authorizes my Agent to exercise powers over my account as if I had exercised them myself. My Agent's actions and instructions are fully binding on me. I hereby indemnify and hold harmless SSG, its affiliates, directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorney's fees, arising out of or related to reliance on this authorization, and I agree to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. This authorization and indemnity is a continuing one and shall remain in full force and effect until you receive written revocation canceling and revoking this authorization, verifiably delivered to SSG, by return receipt or delivery tracking notification. Revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity is in addition to and in no way limits or restricts any rights which you may have under any other agreement between me and SSG. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm and assigns, irrespective of any change at any time in the personnel thereof.

FEE PAYMENT AUTHORIZATION

I hereby authorize Shareholders Service Group (SSG) to pay management fees, consultation fees or other fees payable to the Advisor or Agent named herein from my account as presented by the Advisor or Agent. I also authorize SSG to use any cash or cash equivalent positions available in my account to pay such fees. I authorize SSG to rely on my Advisor or Agent's direction with regard to fees and agree that SSG shall have no responsibility for the calculation or verification of the fees owed. I agree to indemnify and hold harmless SSG and its affiliates, directors, officers, employees, successors and assigns from all losses, claims, damages, liabilities and costs, including attorney's fees, which SSG may incur by relying upon fees due as presented by the Advisor, Agent or upon this authorization. This authorization will remain in full force and effect until revoked by me by a written notice delivered personally or verifiably received, through return receipt mail or delivery tracking identification. Revocation of this authorization does not constitute termination of the agreement with my Advisor or Agent or cancellation of any fees owed by me.

ACCOUNT NUMBER(S)

Client Name

Signature

Date

Client Name

Signature

Date

Advisor's Acceptance: I accept and agree with the terms and conditions of the Master Account Agreement between my firm and Shareholders Service Group, Inc. I accept and agree that any instructions entered on behalf of the above client shall be subject to and controlled by the powers and limitations specified in the advisory agreement, engagement letter or other understanding between me and the above client, which may require that I receive client consent prior to entering orders. I agree to keep records sufficient to prove client consent and agree to permit SSG to review such records upon request. I hereby indemnify and hold harmless SSG for accepting any instructions from me or my employees or agents on behalf of the above client.

Firm Name

Signature of Authorized Individual

Print Name

SSG Advisor #

Date