

1 PERSONAL INFORMATION

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	ACCOUNT NUMBER
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2 LIMITED POWER OF ATTORNEY

This 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 original signatures.**

I hereby authorize _____ to be my agent and attorney-in-fact to conduct all transactions, except as limited below, to the extent of the terms as previously agreed to in my Individual Retirement Account Application. ***This LPOA may not be used to direct distributions or transfers.***

NAME OF ATTORNEY-IN-FACT		
ATTORNEY-IN-FACT STREET ADDRESS		CITY, STATE, ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

This LPOA will remain in effect until the Custodian has received notice of revocation from the Account Holder. I understand that the Custodian is 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 the 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 LPOA. This indemnity and hold harmless provision shall survive any Termination of this LPOA. 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, on demand 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. If any provision of this LPOA is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Signature of Attorney-in-Fact: _____

3 SIGNATURE AND ACKNOWLEDGEMENT

PLEASE MAIL THIS FORM TO YOUR EQUITY TRUST OFFICE.

Account Holder Signature: _____ **Date:** _____

NOTARY CERTIFICATION REQUIRED

STATE OF: _____

COUNTY OF: _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, to me personally known or who produced the foregoing _____

_____ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same. Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, _____.

NOTARY PUBLIC

LPOA Forms Must Be Mailed to:
Equity Trust Company PO Box 07520, Fort Myers, FL 33919