

I. Personal Information All information is required.

Legal Name _____ IRA Innovations Account Type & #: _____

2. Please complete the following information

This Limited Power Of Attorney ("LPOA") gives your designated agent the power to conduct all transactions (*with the exceptions noted below) in connection with your Account. Please read this LPOA 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 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: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

IRA Innovations LLC ("Administrator") performs record keeping and administration duties in connection with Account holder's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account holder's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein.

This LPOA remains in effect until Administrator and/or Custodian has received written notice of revocation of the LPOA from me, the Account holder. I understand that neither Administrator nor Custodian is a "fiduciary" for my Account or my investment as such term is defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend, and hold Administrator and 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 survives any termination of this LPOA. In the event any of claims by others related to my Account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian have the full and unequivocal right at their sole discretion to select their own attorneys to represent them and deduct from my Account any amounts to pay for any costs and expenses incurred by Administrator and/or Custodian in connection with such claims and/or litigation including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"). If there are insufficient funds in my account to fully reimburse Custodian and Administrator for all the Litigation Costs incurred by Administrator and/or Custodian, upon demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian 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 Administrator and Custodian are not required to take any action should there be any default with regard to this investment. For purposes of this paragraph, the terms Administrator and Custodian include their agents, assigns, joint ventures, licensees, franchisees, affiliates and/or business partners. If any provision of this LPOA is found to be illegal, invalid, void or unenforceable, such provision is severed and such illegality or invalidity does not affect the remaining provisions, which remain in full force and effect. Account Holder is responsible for providing any or all documentation to meet the particular state requirements. Administrator provides this form as an accommodation only. The Account holder is responsible for determining whether this form meets the requirements of his/her particular state law.

Signature of Attorney-in-Fact: _____

IRA INNOVATIONS LLC MUST BE IN RECEIPT OF THE ORIGINAL SIGNATURE

Account holder's 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 acknowledgements, 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 _____