siebert.

Account Number

Durable Power of Attorney Affidavit & Indemnification

Email: newaccounts@siebert.com | Phone: 800.872.0444 | Fax: 212.486.2784

Use this form to certify to Muriel Siebert & Co., LLC. the validity and effectiveness of a Durable Power of Attorney ("POA") for your brokerage account. Power of Attorney is not permitted on certain registration types, including custodial, estate, conservator, Keogh, non-prototype retirement accounts and other fiduciary registrations.

- Read all instructions carefully, use a pen and print clearly
- Complete the Customer Information section below. The individual being designated under the Power of Attorney "Attorney-In-Fact" must complete Sections 2 and 3. The Attorney-In-Fact's signature must be notarized in Section 4.
- Submit a copy of valid Durable Power of Attorney documentation, and any supporting documents required, with this form. Note that an original form must be completed for each Attorney-In-Fact added to your account.
- · If the Power of Attorney is to be utilized on more than one account, please submit a separate affidavit for each account.
- If the account referenced on this form currently has check writing and you wish that the Attorney-In-Fact be provided check writing capabilities, the account owner and the Attorney-In-Fact must complete and return the applicable signature card.

Return the completed form and your POA documentation to Muriel Siebert & Co., LLC. at the address below.

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Name Of Account Owner		Social Security Number							
2 4									
2. Attorney-In-Fact Informa Name Of Individual Designated As Attorney I	Date O	Of Birth Evening Phone			Daytime Phone				
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Countries Of Citizenship		'						'	
Social Security Number/Taxpayer ID	Country Of Tax	x Residence		Type Of Governme	nt-Issued I□)	ID Numb	oer	
State/Country Of ID Issuance	ID Issuance Date			ID Expiration Date		n Date			
Legal Address (Cannot Be A Post	Office Box)								
Address		City				Sta	te Zip	Cou	ntry
Mailing Address Same As Le	gal Address								
Address		City				Sta	te Zip	Cou	ntry
Employer Information and Affilia (Attach additional sheet if neede				family/house	ehold me	mber of a	control pe	n or affiliate or erson or affiliat	e of a publicly
Employment Status Employed Retired Not Employed limited to, a director, 10% shareholder, policy-making officer, and									
Occupation Income Source (If Retired Or Not		members of the board of directors). If yes, provide name of company:							
Employer Name		Company Name Company Symbol/CUSIP							
Address Line 1		Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. If yes, provide name of entity:							
Address Line 2		Same as My Employer.							
City	tate Zip	Country		Affiliated Entity Na		Toyer.			
				Address Line 1					
member o	a senior foreign political figure, or a family member or close relative of a senior foreign political figure.			Address Line 2					
political lig	gaie.			City			State	Zip	Country

Signature Of Attorney-In-Fact

Account Number

Date

To: Muriel Siebert & Co., LLC.: I, the above-named Attorney-In-Fact, being duly sworn, do hereby declare under penalties of perjury depose and state that the attached Power of Attorney is in full force and effect, and to the best of my knowledge, I and state that:

- I.I am the Attorney in Fact named in the Power of Attorney executed on by (Account Owner) and
- (Date
- 2. The Account Owner is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
- 3. A petition to determine the incapacity of, or to appoint a guardian for, the Account Owner is not pending; and
- 4. In the event that more than one Attorney-In-Fact is named in the Power of Attorney, I certify that I am authorized to act severally and that You may take instruction from me acting independent of all other Attorneys-In-Fact, including delivery of assets to me personally; and
- **5.** I agree not to exercise any powers granted to me by this Power of Attorney if I know or have reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid due to any reason whatsoever; including, without limitation, death or adjudication of incapacity of the Account Owner or revocation by operation of law; and
- 6. I understand that in the event of conflicting instructions given by Attorneys-In-Fact or an Account Owner and an Attorney-In-Fact, You may restrict the account until joint written instructions are received to your satisfaction; and
- 7. I understand that You may, in your discretion, restrict my ability to take distributions or withdrawals from the account after presentation of the Power of Attorney document; and
- **8.** I agree not to give, transmit, convey or issue any instructions concerning the above-referenced account that I know, or believe are in non-compliance with or in violation of the Power of Attorney; and
- 9. If the account named above is an IRA, I agree not to give, transmit, issue, or convey any instructions that are not in compliance with the terms of the IRA Custodial Agreement and Disclosure Statement governing the IRA indicated in the Customer Information section above.
- 10. For the purpose of inducing You to act upon my instructions, I do fully indemnify and hold harmless Muriel Siebert & Co., LLC., and their affiliates, control persons, officers, directors, successors, assigns, and employees from and against any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with my instructions or my failure to provide instructions as the Account Owner's Attorney-In-Fact; and
- 11. The Power of Attorney will remain in full force and effect until such time as written notification of termination or significant alteration is received by Muriel Siebert & Co., LLC.; and
- 12. The Account Owner executed the Power of Attorney while competent to do so and was not acting under duress or undue influence; and
- 13. I understand that You do not review my trading decisions or manage, supervise, or monitor trading in the Account; and

I also agree that any information given on this Power of Attorney Affidavit and Indemnification is subject to verification and I hereby authorize You to obtain a credit or other financial responsibility report on myself at any time. Upon my written request, You will provide the name and address of the credit reporting agency used. I agree to be bound by all the terms and conditions set forth in the Customer Agreement, including, without limitation, the pre-dispute arbitration agreement, which governs this account. This affidavit shall be governed by the laws of the Commonwealth of Massachusetts.

I acknowledge that any alteration of this document's original terms shall be null and void and I shall be bound by the terms of the original document as set forth by You. I understand and acknowledge that You may terminate any and all agreements between us in the event that You or any of your agents and affiliates have reasonable ground to believe that the foregoing is untrue, or that this document has been altered. Signed under penalties of perjury.

4. Notarization	COUNTY		
Fact, who is personally know (ty)	fore me by the above-named Attorney in n to me or who has produced pe of identification) as identification, that the true and accurate and made of his/her (date)	(Notary Public) My Commission expires:	NOTARIAL SEAL
Reviewed By:			Date