



LEVEL FOUR[®]
Financial
A DIVISION OF
LEVEL FOUR GROUP, LLC

12400 Coit Road Suite 700
Dallas, TX 75251
866-834-1040 (office)
866-763-9136 (fax)

LFF182
Form #
Branch #

See Below
Account #
FA #

**LIMITED POWER OF ATTORNEY &
AUTHORIZATION TO PAY FEES TO AGENT**

Account Numbers

LIMITED POWER OF ATTORNEY

LIMITED TO PURCHASE AND SALE OF SECURITIES, INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.

By my signature, and to the extent indicated herein, I hereby constitute and appoint the Advisory Firm or individual named herein as my agent and attorney-in-fact ("Agent"), to buy, sell (including short sales), and trade in stocks, bonds, and any other securities and/or contracts relating to the same on margin (if I have signed a margin agreement) or otherwise in accordance with the Client Agreement (incorporated by reference) applicable to this account held in my name, or number on your books, without notice to me. My Agent is authorized to effect such transactions in my account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or touch-tone phone.

If I have signed an options agreement, my Agent is specifically authorized to effect options transacting in my account, including uncovered options transactions or to uncover a covered options 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. I hereby agree to indemnify and hold harmless LEVEL FOUR FINANCIAL, LLC ("LEVEL FOUR"), its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. In all such purchases, sales, or trades, you are authorized to follow instructions of my Agent in every respect concerning my account with LEVEL FOUR; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or 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 or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or moneys from the account in the Account Owner(s) name(s) and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which LEVEL FOUR may have under any other agreement or agreements between me and LEVEL FOUR.

If this is a fiduciary account, Account Owner(s) affirm(s) that this grant of limited trading authority has been conferred consistent with any fiduciary duties or power of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect until (i) you are notified by a written notice delivered to LEVEL FOUR of my death or incapacity or (ii) I change or revoke this authorization by a written notice to LEVEL FOUR. LEVEL FOUR shall have no duty of inquiry. Until LEVEL FOUR receives such written revocation, LEVEL FOUR is entitled to act in reliance on this authorization and indemnification. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before LEVEL FOUR receives written notice of revocation. This authorization and indemnity shall inure to the benefit of LEVEL FOUR and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of LEVEL FOUR or any successor firms.

I have carefully read this POWER OF ATTORNEY and INDEMNIFICATION and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and that my Agent's actions and instructions with respect to my accounts are fully binding on me. I also understand and agree that LEVEL FOUR has no duty or responsibility to monitor trading in my accounts by my Agent or to notify me prior to accepting instructions. I agree to have my Agent receive duplicate statements and trade confirmations.

AUTHORIZATION TO PAY FEES TO AGENT

By my signature, and to the extent indicated herein, I hereby authorized LEVEL FOUR to pay Agent from my account the Agent's management fees as invoiced by Agent. I also authorized LEVEL FOUR to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. LEVEL FOUR shall rely on Agent's invoices and have no responsibility for the calculation or verification of fees.

I will indemnify and hold LEVEL FOUR and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities, and costs, including attorneys' fees, which LEVEL FOUR may incur by relying upon representation of Agent or upon this authorization

This authorization will remain in full force and effect until revoked by me by a written notice addressed and delivered to LEVEL FOUR.

AGENT NAME: _____

ACCOUNT OWNER(S) SIGNATURE:

Account Owners Signature: _____ **Date:** _____

Joint Account Owner Signature: _____ **Date:** _____