

ORIGINAL FORM REQUIRED

The name of the company that performs record keeping and administration of your plan on behalf of the current custodian.

CAMA Self-Directed IRA, LLC (DBA CamaPlan)

1. Participant Details

Legal Name

Account Number (if known)

2. Agent Authorization

This document is used to grant one or more agents (person, organization or trust) full or limited authority to act on your account. Keep in mind that:

- Any agent(s) you previously authorized will remain on your account unless you specifically revoke those agents
- Once this authorization is returned with all pages together with the agent's signature, the account owner's notarized signature, and the signatures of two witnesses. This Agent Authorization will be a Durable Power of Attorney under Pennsylvania law, except for its conflicts of laws provisions, if you have a joint account and the joint owner also wants the agent to act on his or her behalf, the joint owner must also complete and submit a separate Agent Authorization.
- If you're naming multiple agents and those agents have different levels of authority, complete a separate copy of this form for each agent.

3. Notice

The purpose of this Power of Attorney is to give the persons you designate (your "agents") broad powers to handle your property, which may include

powers to sell or otherwise dispose of any real or personal property without advance notice to you or your approval. This Power of Attorney does not impose a duty on your agents to exercise granted powers, but when powers are exercised, your Power of Attorney must use due care to act for your benefit and in accordance with this Power of Attorney. Your agents may exercise the powers given here throughout your lifetime, even if you become incapacitated, unless you expressly limit the duration of these powers, you revoke these powers, or a court acting on your behalf terminated your agents' authority.

Your agents must act in accordance with your reasonable expectations to the extent actually known by your agents and otherwise, in your best interest, act in good faith and act only within the scope of authority granted by you in the Power of Attorney.

The law permits you, if you choose, to grant a broad authority to an agent under Power of Attorney, including the ability to give away all of your property while you are alive or to substantially change how your property is distributed at your death. Before signing this document, you should seek the advice of an attorney at law to make sure you understand it.

A court can take away the powers of your agents if it finds your agents are not acting properly.

The powers and duties of an agent under a Power of Attorney can be explained more fully by an attorney at law.

If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

I have read or had explained to me this notice and I understand its contents

CamaPlan Account Holder's Signature

Date

4. Limited Power of Attorney (LPOA)

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 Account Application. **This LPOA may not be used to direct distributions or transfers**

Attorney-In Fact Contact Information

Street	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	ZIP	<input type="text"/>
Phone	<input type="text"/>		
Fax	<input type="text"/>		
Email	<input type="text"/>		

Exceptions

<input type="text"/>
<input type="text"/>

This LPOA, authorization and indemnification will remain in effect until the Administrator and/or Custodian has received: (1) written notice of revocation from the Account Holder/ Participant; or (2) written notice of my death. I understand this LPOA will remain in full force and effect in the event of my disability or incapacity. Any revocation or notice will not affect my obligations resulting from transactions initiated before Administrator's and/or Custodian's receipt of such revocation or notice and before Administrator and/or Custodian has had a reasonable amount of time to act upon such revocation or notice. I understand that neither the Administrator nor 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 Administrator and/or 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 Administrator and/or Custodian are named as a party, Administrator and/or 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 Administrator and/or 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 Administrator and/or Custodian, on 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 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 Administrator and or Custodian will not be responsible 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 CAMA Self Directed IRA LLC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners. This LPOA shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to principles of conflicts of laws.

5. Signatures

Acknowledgment of Agent

I, the agent identified in Section 2 of this LPOA, have read this power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I shall act in accordance with the principal’s reasonable expectations to the extent actually known by me, and otherwise, in the principal’s best interest, act in good faith and act only within the scope of authority granted to me by the principal in the LPOA.

Printed name of Attorney-In-Fact

Signature of Attorney-In-Fact

Date

Account Holder

I have read this LPOA and I understand its contents. I understand that anything my agent may do in the exercise of such rights and powers in this LPOA is fully binding on me.

Printed name of Account Holder

Signature of Account Holder

Date

Witness

Witness

NOTARY CERTIFICATION REQUIRED - SEE PAGE 4



Notary Certification Required

STATE OF _____

COUNTY OF _____

I hereby certify that on this _____ day of _____, _____ 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 forgoing as identification, _____

Name of Person Acknowledging

Type of Identification

to me know 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.

(Seal)

(Signature of Notary Public)