

Limited Power of Attorney



Please send this ORIGINAL notarized document to

MidAtlantic IRA, LLC
125 South Carroll Street, Suite 250
Frederick, Maryland 21701

301/360.9510 office
www.MidAtlanticIRA.com

Account Holder

Last Name: _____ First Name: _____

Account Number (s): _____

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

Name of Attorney-in-Fact _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

This LPOA will remain in effect until the Administrator and /or Custodian has received written notice of revocation from the Account Holder. 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 the 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 attorney's 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 the purposes of this paragraph, the terms Administrator and Custodian include MidAtlantic IRA, LLC its agents, assigns, joint ventures, affiliates and/or business partners.

If any provision of the 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 _____

NOTARY CERTIFICATION REQUIRED

Notary
Seal

Account Holder Name: (please print) _____

Account Holder Signature: _____

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 know 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 _____, 20_____

Name (please print) _____ Signature _____ Commission Expires _____