

Power of Attorney (POA) Supplement



This supplement must be attached to the client's Power of Attorney document. The individual acting as Power of Attorney should list their information and sign below.

1 Account Information

Account Name:	Account Type:	Account Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Power of Attorney Information

First Name:	Middle Name/Initial:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	Date of Birth:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	Business/Cell Phone:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	
Legal Address (No PO Boxes):	<input type="text"/>	
City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
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Citizenship: <input type="checkbox"/> U.S. Citizen or Resident Alien <input type="checkbox"/> Other (W-8 and Photo ID Required)	Number of Dependents: <input type="text"/>
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Government ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> State ID Card	Expiration Date: <input type="text"/>
ID Number: <input type="text"/>	State: <input type="text"/>

Occupation (Select only one):

<input type="checkbox"/> Administrative, Clerical	<input type="checkbox"/> Clergy	<input type="checkbox"/> Craftsman/Skilled Worker	<input type="checkbox"/> Education
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Personal Service Provider	<input type="checkbox"/> Proprietor/Professional
<input type="checkbox"/> Public Services	<input type="checkbox"/> Retired	<input type="checkbox"/> Sales	<input type="checkbox"/> Student
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unskilled Labor		

Business Nature (Select only one. If retired, please choose previous business nature):

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Energy	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Industrial	<input type="checkbox"/> Media	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Personal Investment Company	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Retail	<input type="checkbox"/> Technology	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Transportation	<input type="checkbox"/> Wholesale			

Employer Name: <i>(If retired, please list previous employer)</i>	Number of Years with Employer:
<input type="text"/>	<input type="text"/>

- Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?
If yes, name of firm: Relationship/Position:
If yes, obtain and attach the compliance officer's letter of approval ("407 letter"). Failure to include an approval letter may delay account opening.
- Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?
If yes, name of firm:
- Are you or an immediate family member a senior foreign political official? Yes

3 Certification

By Signing below, I/We agree to all terms and conditions listed below, and all terms and conditions contained within the attached applicable agreements:

A. Tax Certification (Select Only One):

- U.S. Person or Resident Alien:** *Under penalties of perjury, I certify that:*
 - 1) *The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and*
 - 2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and*
 - 3) *I am a U.S. citizen or other U.S. person; and*
 - 4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (NOTE: The FATCA code is not applicable for accounts maintained in the United States.)*

You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

- Non-Resident Alien Individuals and Foreign Entities:** By checking this box, I certify that I am not a U.S. citizen, resident alien or other U.S. entity for U.S. tax purposes and I will provide the appropriate Form W-8 with this application. If any joint owner of this account provides an IRS Form W-9, I understand all income will be reported to that person or entity under the rules in Chapters 3, 4, and 61 of the U.S. Internal Revenue.

- B. I have attached a POWER OF ATTORNEY if directions may be taken by someone other than me.
- C. I have reviewed the information contained in this application and attest to its accuracy.
- D. I understand that THE PRODUCTS OFFERED ARE NOT FDIC INSURED, ARE NOT OBLIGATIONS OF A BANK, ARE NOT GUARANTEED BY A BANK, AND INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.
- E. I acknowledge receipt of the CLIENT AGREEMENT and agree to its terms and conditions.
- F. I understand that the Schedule of Fees may change from time to time and agree to be bound by such changed schedule of fees as appears at www.tradepmr.com.
- G. I have read, understand, and agree to the terms of the Limited Power of Attorney and Authorization to pay fees to Agent/Advisor.
- H. All decisions relating to my investment or trading activity shall be made solely by me or my authorized Agent/Advisor identified on this New Account Application or subsequently to TradePMR in writing.
- I. TradePMR is authorized to accept and act upon the instructions of my Agent/Advisor with respect to my account in accordance with this Agreement until revoked in writing.
- J. My Advisor is not affiliated with or an agent of TradePMR and is not authorized to act or make representations on TradePMR's behalf.
- K. I understand that TradePMR does not give investment, legal, or tax advice and will not advise me concerning the nature, potential value, or suitability of any particular securities transaction or investment strategy.
- L. I understand that TradePMR is not responsible for and will not review, monitor, or supervise the suitability of the investment or frequency of trading activity in my account.
- M. I shall indemnify and hold harmless TradePMR and its officers, directors, employees, agents, and affiliates from and against any and all losses, claims or financial obligations that may arise from any act or omission of my Agent/Advisor with respect to my account.
- N. If my Brokerage Account has a Margin Account feature, my Agent/Advisor has my authorization to trade on margin and to sell short.
- O. I understand that information collected on parties associated with this account is subject to verification as mandated by the USA PATRIOT ACT.

Authorized Signatures

Account Control. All Individuals, Joint Owners, and those authorized to establish and control accounts must sign.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

THE ATTACHED CLIENT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, UNDER THE HEADER "ARBITRATION" AND IN THE NEW ACCOUNT DISCLOSURE STATEMENTS ON PAGE 7 UNDER THE PARAGRAPH HEADER "ARBITRATION." BY EXECUTING THIS DOCUMENT I AGREE TO BE BOUND BY THE PRE-DISPUTE ARBITRATION CLAUSE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CLIENT AGREEMENT AND THE NEW ACCOUNT DISCLOSURE STATEMENTS AND HEREBY AGREES TO THE TERMS OF THESE AGREEMENTS.

Power of Attorney Signature	Print Name	Title	Date
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Advisor or Advisor Representative Acceptance:	
Advisor Name	
Advisor Signature	Date: