

Deutsche Asset  
& Wealth Management

Deutsche Bank Securities Inc. Authorization/Power of Attorney  
for US Resident Natural Persons

Instructions to the Client—Please Read Carefully

– This document is for use with accounts held in the name of natural persons only (individual and joint). For joint accounts, all account holders must provide this document.

– Via this document, Client may grant an individual agent (or agents, acting individually) the following authorities with respect to the designated account(s):

– Limited Authorization—No Asset Movement—Client's agent(s) is/are able to give trading instructions in the designated account(s), but cannot transfer assets to or from Client's accounts; or

– Full Authorization—Unrestricted Asset Movement—Client's agent(s) is/are able to give trading instructions in the designated account(s) and transfer assets from the designated account(s) to any party without restriction.\*

– This document must be completed in its entirety before it is notarized. This includes the identification information for the agent(s). Please note that filling in the blanks after the document has been signed and notarized will void the document and it will need to be re-executed. Exceptions to this policy will not be granted.

– The agent(s) must provide a copy of a current validly issued government photo identification, such as a driver's license or equivalent.

\* Subject to any laws, rules and regulations governing such activities.

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FOR INTERNAL OFFICE USE ONLY:  
Applicable Account No(s).

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Authorization/Power of Attorney

For Natural/Individual Persons for use in connection with Brokerage Accounts and/or Retirement Accounts with Deutsche Bank Securities Inc.

This Authorization/Power of Attorney constitutes a non-durable limited power of attorney, designed to give a person or persons designated by you either (a) limited authority over your Account(s) or (b) full authority over your Account(s) as set forth below.

NOTE: UNDER NEW YORK LAW, THE FOLLOWING DISCLOSURE IS REQUIRED TO BE INCLUDED, VERBATIM, IN EVERY POWER OF ATTORNEY.

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "Principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority. When your agent exercises this authority, he or she must act according to any instructions you have provided or, when there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities. Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institutions where your accounts are located. You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly. Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything in this document that you do not understand, you should consult with your lawyer.

Authority

The undersigned Principal (the "Undersigned" or "Principal") hereby appoints: \_\_\_\_\_ as the

Undersigned's agent(s) and attorney(s) in-fact ["Agent(s)"] to act INDIVIDUALLY with respect to any and all accounts in the Undersigned's name ["Account(s)"], held

individually or jointly

with Deutsche Bank Securities Inc. (DBSI), as well as individual retirement accounts (IRAs) held for the benefit of the Undersigned, with the authority to direct DBSI to accept instructions from the Agent(s) as set forth below, in each case in accordance with DBSI's terms and conditions for the Undersigned's account and risk, and in the Undersigned's names, or number(s) on DBSI's books. Agent(s) must exercise the authority granted herein pursuant to the Undersigned's instructions, or otherwise for purposes which the Agent(s) reasonably deem(s) to be in the Undersigned's best interest.

Principal agrees that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms of any agreements governing the Account(s), or that would violate any applicable laws, rules or regulations, or that would be otherwise limited by the account type or documentation on file. The Undersigned authorizes the Agent(s) to make inquiries on the Account(s) (including transaction balances and holdings) and to receive copies of account statements and transaction confirmations upon the Agent(s)'s request. DBSI retains the right in its sole discretion to refuse to accept instructions by the Agent(s) to change the official mailing address assigned to the Undersigned's Account(s) or any beneficiary designations.

NOTE: If you want to authorize your Agent(s) to make gifts of your money or assets or other property held in the Account(s) during your lifetime, without restriction, to any one or more persons, including the Agent(s) himself, herself or themselves, you will need to execute a Statutory Major Gifts Rider. Giving such a power to your Agent(s) grants your Agent(s) authority to take actions which could significantly reduce your property or change how your property is distributed at death. DBSI shall not be responsible to monitor whether any payments or transfers are gifts and/or require the execution of a Statutory Major Gifts Rider.

1 For joint accounts, all the authorized account holders must execute this form.

Deutsche Bank Securities Inc., a subsidiary of Deutsche Bank AG, conducts investment banking and securities activities in the United States.

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SELECT AND INITIAL THE APPLICABLE BOX FOR LIMITED OR FULL TRADING AUTHORIZATION

\_\_\_\_\_ LIMITED TRADING AUTHORIZATION

(initials)

DBSI is authorized to follow the instructions of Agent(s) in every respect concerning the Account(s), and Agent(s) is/are authorized to act for the Undersigned and on the Undersigned's behalf to buy, sell or enter into trades of stocks, bonds, option contracts, or any other securities, or contracts relating to same on margin or otherwise, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or other trading activity.

Note: Limited Authorization does not permit Agent(s) to withdraw or transfer assets from the Account(s).

-OR-

\_\_\_\_\_ FULL AUTHORIZATION TO TRADE AND MOVE ASSETS

DBSI is authorized to follow the instructions of Agent(s) in every respect concerning the Account(s), and to make deliveries or transfers of assets (including cash), from the Account(s) and payment of moneys as directed by Agent(s), without restriction (including to the Agent(s), himself, herself or themselves except in connection with IRAs).

Note: This Full Authorization grants Agent(s) unrestricted authority to trade in the

Account(s) and to withdraw or transfer assets from the Account(s).

(initials)

For IRAs, Agent is authorized to elect whether to make tax withholding elections in connection with distributions.

In all matters and things mentioned above, as well as in all other things necessary or incidental to the

furtherance or conduct of the Account(s), Agent(s) may act in the same manner and with the same

force and effect as the Undersigned might or could do.

This Authorization/Power of Attorney shall remain in full force and effect until DBSI receives actual written notice signed by the Undersigned of its revocation to be delivered to the Undersigned's DBSI Client Advisor or his or her branch manager.

However, the limited power of attorney granted hereunder is not a durable power of attorney and will cease to be effective upon actual receipt by DBSI of written notice of the occurrence of either of the following events: (a) the Undersigned is judicially declared to be incompetent, or (b) the death of the Undersigned.

Notwithstanding the foregoing, the Undersigned acknowledges that DBSI shall be entitled to continue to rely upon this Authorization/Power of Attorney until such time as

DBSI receives such actual written notice.

The Undersigned understands and agrees that DBSI has the right to require additional verification and documentation from the Undersigned or the Undersigned's Agent(s) in certain transactions that DBSI, in its sole discretion, deems necessary. In addition, DBSI has the right to request that either a new Authorization/Power of Attorney be executed or that the Agent(s) verify in writing the validity of the current Authorization/Power of Attorney.

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Agent's Name

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Address

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TIN of Agent

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Relationship to Principal

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TIN of Agent

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Relationship to Principal

THIS DOCUMENT DOES NOT REVOKE ANY OTHER POWERS OF ATTORNEY THAT THE UNDERSIGNED HAS PREVIOUSLY EXECUTED, UNLESS THE UNDERSIGNED HAS SPECIFIED OTHERWISE ON THE LINES BELOW.

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Agent's Name

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Address

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Indemnification

The Undersigned acknowledges and agrees that the Undersigned is responsible for all acts of the Agent(s). The Undersigned hereby agrees, individually and on behalf of his/her heirs, executors, legal representatives and assigns to indemnify and hold harmless DBSI and its parents, affiliates, subsidiaries, officers, employees and agents (collectively, "DB") from all claims that may arise in connection herewith, and to pay DB promptly, on demand, any and all losses and liabilities arising therefrom or from any action taken or not taken by DB in reliance hereon, including without limitation, any debit balance due with respect to the Account(s). The Undersigned further hereby ratifies and confirms any and all transactions (including any payments or transfers) made by the Undersigned's Agent(s) in connection with the Account(s) prior or subsequent to the execution of this document and holds harmless DB regarding same. This Authorization/Power of Attorney shall inure to the benefit of DB and its successors and assigns irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever.

Principal(s) Signature and Acknowledgement

To be effective for joint account(s), all account holders must sign. Document must be signed in the presence of the Notary.

The Undersigned understands and agrees that DBSI may require joint account holder(s) to sign all requests for withdrawals from an account jointly with the Agent(s).

The Undersigned by signing below confirms that he/she has read the contents of this Power of Attorney and understands same, and has executed this Power of Attorney of his/her own free will and has received advice about the effect of this Power of Attorney from his/her advisers as he/she has deemed necessary or advisable.

In witness whereof, the Undersigned has executed this Authorization/Power of Attorney.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(the 'Undersigned')

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(the 'Undersigned')

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(the 'Undersigned')

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ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE IN NEW YORK STATE  
STATE OF NEW YORK, COUNTY OF \_\_\_\_\_

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory  
evidence to be the individual(s) whose name(s) is (are) subscribed to within  
the instrument and acknowledged to me that  
he/she/they executed the same in his/her/their capacity(ies), and that by  
his/her/their signature(s) on the instrument, the  
individual(s), or the person upon behalf of whom the individual(s) acted,  
executed the instrument.

\_\_\_\_\_  
Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE OUTSIDE NEW YORK STATE  
STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory  
evidence to be the individual(s) whose name(s) is (are) subscribed to within  
the instrument and acknowledged to me  
that he/she/they executed the same in his/her/their capacity(ies), and that  
by his/her/their signature(s) on the instrument,  
the individual(s), or the person upon behalf of whom the individual(s)  
acted, executed the instrument, and that such  
individual(s) made such appearance before the Undersigned in  
\_\_\_\_\_ (state/country).

\_\_\_\_\_  
(signature and office of the individual taking acknowledgement)  
ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE IN NEW YORK STATE (for joint  
accounts)  
STATE OF NEW YORK, COUNTY OF \_\_\_\_\_

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory  
evidence to be the individual(s) whose name(s) is (are) subscribed to within  
the instrument and acknowledged to me that  
he/she/they executed the same in his/her/their capacity(ies), and that by  
his/her/their signature(s) on the instrument, the  
individual(s), or the person upon behalf of whom the individual(s) acted,  
executed the instrument.

\_\_\_\_\_  
Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE OUTSIDE NEW YORK STATE (for joint  
accounts)  
STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory  
evidence to be the individual(s) whose name(s) is (are) subscribed to within  
the instrument and acknowledged to me  
that he/she/they executed the same in his/her/their capacity(ies), and that  
by his/her/their signature(s) on the instrument,  
the individual(s), or the person upon behalf of whom the individual(s)  
acted, executed the instrument, and that such  
individual(s) made such appearance before the Undersigned in  
\_\_\_\_\_ (state/country).

\_\_\_\_\_  
(signature and office of the individual taking acknowledgement)

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**IMPORTANT INFORMATION FOR THE AGENT(S):**

When you accept the authority granted under this Authorization/Power of Attorney, a special legal relationship is created between you and the Principal. This relationship imposes on your legal responsibilities that continue until you resign or the Authorization/Power of Attorney is terminated or revoked. You must:

- (1) Act according to any instructions from the Principal, or, where there are no instructions, in the Principal's best interest;
- (2) Avoid conflicts that would impair your ability to act in the Principal's best interest;
- (3) Keep the Principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) Keep a record of all receipts, payments and transactions conducted for the Principal;
- (5)
- (6)

Disclose your identity as an Agent whenever you act for the Principal by writing or printing the Principal's name and signing your own name as "Agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent or (Your Signature) as Agent for (Principal's Name); and Agree that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms of any agreements governing the Account(s) or that would violate any applicable laws, rules or regulations.

You may not use the Principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the Principal has specifically granted you that authority in this Authorization/Power of Attorney and in a Statutory Major Gifts Rider which the Principal may attach to this Authorization/Power of Attorney. If you have that authority, you must act according to any instructions of the Principal or, where there are no such instructions, in the Principal's best interest. You may resign by giving written notice to the Principal and to any co-agent or successor agent, if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of Agent: The meaning of authority given to you is defined in New York's General Obligations Law, Article 5, Title

15. If it is found that you have violated the law or acted outside the authority granted to you in the Authorization/Power of Attorney, you may be liable under the law for your violation.

**AGENT(S)' SIGNATURE AND ACKNOWLEDGEMENT OF APPOINTMENT:**

It is not required that the Principal and the Agent(s) sign at the same time, nor that multiple Agents sign at the same time.

I/we,

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[insert name(s) of Agent(s)]

have read the foregoing Authorization/Power of Attorney. I am/we are the person(s) identified therein as Agent(s) for the Principal named therein. I/we acknowledge my/our legal responsibilities. Authorization/Power of Attorney.

I am/we are the person(s) identified therein as Agent(s) for the Principal named therein.

\_\_\_\_\_  
Agent's signature

Dated: \_\_\_\_\_

\_\_\_\_\_  
Agent's signature

Dated: \_\_\_\_\_

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ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE IN NEW YORK STATE  
STATE OF NEW YORK, COUNTY OF

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or proved to me on the  
basis of satisfactory evidence to be the  
individual(s) whose name(s) is (are) subscribed to within the instrument and  
acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies), and that by his/her/their  
signature(s) on the instrument, the individual(s),  
or the person upon behalf of whom the individual(s) acted, executed the  
instrument.

Notary Public

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE OUTSIDE NEW YORK STATE  
STATE OF \_\_\_\_\_, COUNTY OF

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or proved to me on the  
basis of satisfactory evidence to be  
the individual(s) whose name(s) is (are) subscribed to within the instrument  
and acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies), and that by his/her/their  
signature(s) on the instrument, the individual(s),  
or the person upon behalf of whom the individual(s) acted, executed the  
instrument, and that such individual(s) made  
such appearance before the Undersigned in  
\_\_\_\_\_ (state/country).

(signature and office of the individual taking acknowledgement)

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE IN NEW YORK STATE (for joint accounts)  
STATE OF NEW YORK, COUNTY OF

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or proved to me on the  
basis of satisfactory evidence to be the  
individual(s) whose name(s) is (are) subscribed to within the instrument and  
acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies), and that by his/her/their  
signature(s) on the instrument, the individual(s),  
or the person upon behalf of whom the individual(s) acted, executed the  
instrument.

Notary Public

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE OUTSIDE NEW YORK STATE (for joint  
accounts)

STATE OF \_\_\_\_\_, COUNTY OF

SS.:

On \_\_\_\_\_ before me,  
\_\_\_\_\_, personally appeared  
\_\_\_\_\_, personally known to me or proved to me on the  
basis of satisfactory evidence to be  
the individual(s) whose name(s) is (are) subscribed to within the instrument  
and acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies), and that by his/her/their  
signature(s) on the instrument, the individual(s),  
or the person upon behalf of whom the individual(s) acted, executed the  
instrument, and that such individual(s) made  
such appearance before the Undersigned in  
\_\_\_\_\_ (state/country).

\_\_\_\_\_  
(signature and office of the individual taking acknowledgement)

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