

**JPMorgan Account Durable Power of Attorney Form**



JUN 27 2008

**Account Administration**

- K.** To inquire about and receive information relating to any Account, including but not limited to, balance, withdrawal, payment and deposit information;
- L.** To give instructions for the withdrawal, internal and external transfer of money to an account in my name, individually or jointly, and for which we are a, or it is my, legal or beneficial owner.
- M.** To pick up or otherwise receive mail or other information held by JPMorgan, subject to the terms of applicable agreements with JPMorgan and to applicable law and regulation.

JPMorgan is entitled to rely on this Power of Attorney until JPMorgan actually receives my written revocation. A revocation will not affect or impair any liability or obligation arising out of or related to the exercise by an Attorney of any power granted herein before JPMorgan's actual receipt of a revocation. Each Attorney is authorized to act on my behalf, in the same manner and with the same force and effect as if I had given any instruction myself, and to do anything necessary or incidental to or to effect such instructions. This Power of Attorney shall not be affected by my subsequent disability, incapacity or incompetence or that of any other person signing below. My death shall not affect the Power of Attorney granted by any other Account holder signing below. This Power of Attorney shall be deemed made under the law of the State of New York for all purposes, including (without limitation), construction, validity, and effect, and shall be governed by such law. I give each Attorney full authority to do anything he or she considers necessary and proper to be able to act in accordance with this Power of Attorney, even if it is for the Attorney's own benefit, all as if I were personally doing it. I hereby ratify and confirm everything that my Attorney has done or shall do by virtue of this Power of Attorney.

**Specimen Signature (s) of Attorney(s)**

Each attorney shall sign as follows: **Two or more attorneys may each act singly unless this box is checked  in which case any two must act jointly, except my attorneys shall always act singly for brokerage trading transactions.**

OK → [Signature]  
 Signature (attorney-in-fact)  
 Print Name: [Name] Date: [Date]  
 Address: [Address]  
 City: [City] State: [State] Zip: [Zip]

WA → [Signature]  
 Signature (attorney-in-fact)  
 Print Name: HARRY I BELCEK Date: 6/25/08  
 Address: 457 MADISON AVE  
 City: NEW YORK State: NEW YORK Zip: 10022

**Signature(s)**

IN WITNESS WHEREOF, I have hereunto set my hand and seal this on the 25 day of JUNE, 2008.

→ [Signature]  
 Signature (Accountholder)  
 Print Name: [Name] Date: [Date]  
 Address: [Address]  
 City: [City] State: [State] Zip: [Zip]

→ \_\_\_\_\_  
 Signature (Accountholder)  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Notarization is required for accountholders.**

STATE OF: NEW YORK COUNTY OF: NEW YORK  
 I certify that [Name], known or satisfactory proven to me to be the individual who signed the foregoing Power of Attorney, appeared before me on this the 25 day of JUNE, 2008, and acknowledged that he/she/they executed the foregoing Power.

→ [Signature] [Date] [Name]  
 Signature (notary public) Date Print Name and Title

My commission expires: \_\_\_\_\_  
**LAUREN J. KWINTNER**  
 Notary Public, State of New York  
 No. 02KW0010000  
 Qualified in New York County  
 Commission Expires November 30, 2010 11/05 US942