



Continuance of Power of Attorney Affidavit

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Please check this box if you are submitting this form to add Power of Attorney (POA) to an account.

Signature of Power of Attorney is required, however the original form and notary are not required.

Please check this box if you are submitting this form in regards to a deposit of securities.

The undersigned, attorney-in-fact hereby certifies that the attached power of attorney is a true and correct copy and in full force and effect. If the attached power of attorney is not a durable power of attorney, the attorney-in-fact hereby certifies under oath that the principal is not deceased, disabled, or incapacitated.

The original is required, please do not fax. The signature must be notarized.

Account Owner Full Legal Name:	Account Number:
--------------------------------	-----------------

POWER OF ATTORNEY INFORMATION

Full Legal Name:

Date of Birth: <i>(MM-DD-YYYY)</i>	U.S. Social Security Number: <i>(SSN)</i>
---------------------------------------	--

Home Address:
(no PO box or mail drop)

City:	State:	ZIP Code:
-------	--------	-----------

Mailing Address:
(if different from above)

City:	State:	ZIP Code:
-------	--------	-----------

Primary Phone:	Secondary Phone:	Fax Number:
----------------	------------------	-------------

Email Address:

Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed	Source of income <i>(if retired or unemployed)</i> :
---	--

Employer Name:	Occupation:
----------------	-------------

Type of Business:

Employer Street Address:

City:	State:	ZIP Code:
-------	--------	-----------

Check here if you, your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state/province.

Check here if you, your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents are licensed or employed by, or associated with, a broker/dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application.



ATTORNEY IN FACT

Signature of Attorney-in-Fact:

Date:

NOTARY PUBLIC - Must be completed only if depositing securities

County of:

State of:

Notary Public:

Date:

Must be signed at time of notary signature.

(SEAL)

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value