



Continuance of Power of Attorney Affidavit

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

- Please check this box if you are adding a Power of Attorney (POA) to an account. Include the following:
 - A copy of this form must be signed and completed (notary is not required).
 - A copy of your Power of Attorney documents.
- Please check this box if you are submitting this form in regards to a deposit of securities.
 - The original is required, please do not fax. The signature must be notarized.

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.

Account Owner Full Legal Name:	Account Number:
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POWER OF ATTORNEY INFORMATION

Full Legal Name:	Relationship to Account Owner:
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Date of Birth: <i>(MM-DD-YYYY)</i>	U.S. Social Security Number: <i>(SSN)</i>
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Home Address: <i>(no PO box or mail drop)</i>		
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City:	State:	ZIP Code:
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Mailing Address: <i>(if different from above)</i>		
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City:	State:	ZIP Code:
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Primary Phone:	Secondary Phone:	Fax Number:
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Email Address:

Please specify if you are:
 Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name:	Occupation:
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Type of Business:

Employer Street Address:

City:	State:	ZIP Code:
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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 living in the same household, 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