



## Limited Power of Attorney – Third Party/Advisor Directive

Account Holder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Advisor/3<sup>rd</sup> Party Name \_\_\_\_\_

**THIS LIMITED POWER OF ATTORNEY (LPOA) GIVES THE INDIVIDUAL OR COMPANY NAMED BELOW CERTAIN LIMITED RIGHTS WITH RESPECT TO YOUR SELF-DIRECTED IRA ACCOUNT AT UDIRECT IRA SERVICES. BEFORE SIGNING THIS FORM PLEASE BE SURE YOU UNDERSTAND IT. YOU MAY WISH TO CONSULT WITH YOUR OWN ATTORNEY.**

I hereby appoint and authorize \_\_\_\_\_ to act as my true and lawful agent and attorney-in-fact with respect to my above IRA account at uDirect IRA Services. Such authority is strictly limited to the following:

- 1) To have account status and inquiry access for my self-directed IRA. This privilege will be limited to:
  - a. Account setup status – ability to inquire as to the receipt of applications, forms, investment directives and other transactions that involve the setup of my account with uDirect IRA Services.
  - b. Account funding status – ability to inquire as to the receipt of funds into my account.
  - c. Investment directives – ability to inquire as to the balances in account as they relate to cash, brokerage accounts and other non-cash investments.
  - d. Account balances – ability to inquire as to balances in account as they relate to cash, brokerage accounts and other non-cash investments.
- 2) This limited power of attorney does not allow my advisor to initiate, direct or execute any transactions on my behalf. All account direction and transaction authority will be retained by me, \_\_\_\_\_ the account holder for account # \_\_\_\_\_.
- 3) This limited power of attorney will have a term of (select one)
  - a. \_\_\_\_\_ months and will expire on \_\_\_\_\_
  - b. Perpetual and will remain enforce until I, the account holder, provide notice of termination.

This instrument is to be construed and interpreted as a limited power of attorney.

By signing this instrument I affirm all that is written above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date