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this form to service@freedomadvisors.com.

Sign via DocuSign

Use this form to grant or revoke Trading and/or Disbursement LPOA to your Financial Advisor(s).

Instructions

1. Complete the form for all relevant accounts.
2. Sign and send us the completed form.

Important Notes

- This LPOA supplements the Client's Client Service Agreement and is incorporated into the Client Service Agreement. Except as contemplated here, all aspects of the Client Service Agreement remain in full force and effect without change.
- The authority provided herein can be revoked by the Client at any time by providing written notice to Freedom at service@freedomadvisors.com from the email address of record on file for the Client. The revocation will be effective within a reasonable period following actual receipt of the revocation by Freedom.
- New Trading and Disbursement LPOA designations will supersede any previous designations.
- Leaving either the Trading or Disbursement section blank will result in the removal of previous Trading or Disbursement LPOA designations.
- LPOA is not transferable between Financial Advisors. You must complete a new form to grant LPOA designations to a new Financial Advisor.
- LPOA only applies to Trading and/or Disbursement authorizations as specified and does not apply to deposit instructions, changes of information, changes of beneficiary, etc.
- All account owners must sign this form.

1. Account Information

Enter the Account Owner name(s) and account number(s), separated by a comma.

Client Name(s)

Account Number(s)

2. Advisor Information

Enter the advisor(s) name for your account(s).

3. Add Authorization

I / We wish to authorize our Financial Advisor, identified above, to provide Freedom Investment Management ("Freedom") with the following authorization(s):

Trading Authorization

The Financial Advisor identified above is authorized to instruct Freedom to make changes to my/our Account(s) that are permitted under the applicable Program in relation to asset allocation weights and the selection of Sub-Advisers, Freedom Portfolios, mutual funds, Exchange Traded Funds and/or Exchange Traded Products, as applicable. The Financial Advisor is also authorized to instruct Freedom with respect to changing the Program applicable to my/our Account(s), including changing the Account(s) to a Program that charges higher fees. I/We acknowledge and understand that Freedom will not be required to act on any instructions from the Financial Advisor that would not otherwise be permitted under the applicable Program.

Disbursement Authorization

The Financial Advisor identified above is authorized to instruct Freedom to disburse funds from the Account(s) to me/us by check to my/our address on record with Freedom or to a bank account of identical registration identified by me/us

4. Revoke Authorization

I / We wish to revoke our authorization from our Financial Advisor, indicated in #2 above, from providing Freedom Investment Management ("Freedom") with the following authorization(s):

Trading Authorization

Disbursement Authorization

5. Account Owner(s) Signature

Indemnity: Client acknowledges that the Financial Advisor is not an employee, representative, agent or otherwise affiliated with Freedom and grants the Financial Advisor the authority herein on its own accord. Freedom will execute the instructions as provided by the Financial Advisor having no obligation to supervise the Financial Advisor's activities or to otherwise review or evaluate the appropriateness of the instructions submitted by the Financial Advisor. However, in no event will Freedom be obligated to affect any transaction or take any action which Freedom believes in its discretion, would violate any applicable state or federal law, rule or regulation, or the rules or regulations of any self-regulatory body. Client agrees to indemnify and hold Freedom, its officers, directors, employees and affiliates harmless from and against any and all losses, costs, damages, liabilities and expenses (including reasonable attorney's fees) arising from, or related to, Freedom and its affiliates executing the instructions provided by the Financial Advisor pursuant to this power of attorney.

All account owners, trustees, and executors must agree to the powers provided to the Financial Advisor and are indicating so by signing this document.

Account Owner/Trustee/Custodian/Executor

Date (MM/DD/YYYY)

Additional Account Owner/Co-Trustee/Co-Custodian/Co-Executor

Date (MM/DD/YYYY)

Financial Advisor

Date (MM/DD/YYYY)