

# Limited Power of Attorney Form

## Regular Mail:

U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

## Overnight Delivery:

U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

Mutual Funds are required to comply with the USA Patriot Act, which obligates us to obtain, verify and maintain certain pieces of information for all registered owners and all authorized individuals. This Act is part of an overall effort to combat money laundering and terrorism. Please know that we respect the confidentiality of this information and that we will not share this personal information with anyone unless required by law. We will not accept your appointment of the below Power of Attorney without the following required information for the individual: Full Name, Date of Birth, Social Security Number and Permanent Street Address.

## 1 Account Information | Please complete the following information as it appears on your account statement.

<input type="text"/>	<input type="text"/>
FUND NAME	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
SOCIAL SECURITY / TAX ID NUMBER	ACCOUNT REGISTRATION (ACCOUNT OWNER)

## 2 Attorney-in-Fact Information | Please complete the following information for the individual named as Power of Attorney.

<input type="text"/>	<input type="text"/>
FULL NAME	SOCIAL SECURITY / TAX ID NUMBER
<input type="text"/>	<input type="text"/>
DATE OF BIRTH (MM/DD/YYYY)	STREET
<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP	APT / SUITE

## 3 Signature Guarantee Information

I/We, owners of shares listed in section A above, do hereby designate and give power of attorney to the individual listed in section B above, to act as my/our attorney-in-fact to purchase, transfer, exchange and/or redeem shares on my/our behalf in the above mentioned fund. My/Our Mutual Fund company and its transfer agent, U.S. Bancorp Fund Services, LLC (hereinafter "USBFS"), are hereby authorized to honor all such purchase, transfer, exchange and/or redemption requests received by them on my/our behalf from my/our power of attorney. **This authorization is limited to allow my/our power of attorney to act only for the account listed in section A above.**

This authorization shall be binding and remain in effect until such time as written notification of cancellation from the undersigned is received by the transfer agent USBFS. I/We agree to assume full responsibility and liability against loss, cost, damage or expense offered or incurred by my/our Mutual Fund company and/or USBFS arising out of the unauthorized use of the powers set forth in this agreement. Further, I/we agree to indemnify, hold harmless and release the Fund and USBFS, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

<input type="text"/>	<input type="text"/>
SIGNATURE OF OWNER	DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
SIGNATURE OF JOINT OWNER (IF APPLICABLE)	DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
SIGNATURE OF ATTORNEY-IN-FACT	DATE (MM/DD/YYYY)

\*Note: All signatures must be guaranteed by a bank, member firm of a national securities exchange, savings and loan association, credit union or other entity authorized by state law to guarantee signatures. A notary public may not guarantee signatures.

\_\_\_\_\_  
SIGNATURE GUARANTEE\*

\_\_\_\_\_  
DATE (MM/DD/YYYY)