

DURABLE FULL POWER OF ATTORNEY AUTHORIZATION

TO: **KOONCE SECURITIES INC.**
6550 Rock Spring Dr, Suite 600
Bethesda, MD 20817

FROM: _____

ACCOUNT # _____

I hereby constitute and appoint _____
(whose signature appears below), my agent and attorney-in-fact, with full power and authority for me and in my behalf to buy, sell, or authorize transactions, for my account listed above, however designated, whether presently open or hereafter opened.

You are accordingly authorized and empowered to follow the instructions of my said agent and attorney-in-fact in every respect with regard to any such purchases, sales, transfers, distributions or other transactions for my account, and I hereby ratify and confirm any and all transactions, trades or dealings effected in and for my account(s) by my said agent and attorney-in-fact, and agree to indemnify you and hold you free and harmless of any loss, liability or damage by reason thereof.

This power of attorney, authorization and indemnity is in addition to (and in no way limits or restricts) any and all rights which you may have under any other agreement or agreements between your firm and me, and shall inure and continue in favor of your present firm, its successors, by merger, consolidation or otherwise, and assigns.

This power of attorney shall survive my subsequent disability or incapacity. This power of attorney and authorization shall continue in full force and effect and you and your successors and assigns shall be indemnified in relying thereon, until you shall receive written notice of revocation thereof, signed by me; or in the event of the termination thereof by my death, until you shall have received actual notice thereof, and such revocation or termination shall in no way effect the validity of this power and my liability under the indemnity herein contained, with reference to any transaction initiated by my agent and attorney-in-fact, prior to the actual receipt by you of notice of such revocation or termination, as above provided.

Dated at _____, this _____ day of _____

Signature of Agent

Signature of Client

Agent's Occupation

Both Signatures of Joint Account

Agent's Relationship to Grantor if any: _____

Witness Signature: _____

Witness Printed Name: _____