Next Generation Trust Services
75 Livingston Avenue, 3rd Floor
Roseland, NJ 07068
P: 973-533-1880 * F: 973-533-1088

Interested Party/ Limited Power of Attorney Form

NEXT GENERATION
TRUST SERVICES
CONTROL YOUR FUTURE, TODAY

Personal Information:

Account Holder Name:_____ Next Generation Account #:_____

IMPORTANT INSTRUCTIONS: Below find two options, the Interested Party Designation and the Limited Power of Attorney. *Please complete ONE section only and submit original notarized form via mail to the Next Generation Trust Services office. You will need to submit one form per IPD/LPOA Designation per account.*

Interested Party Designation:

Please complete the information in this section to authorize a third party (spouse, broker, financial planner, attorney, etc) to receive information about your account. Please note that this section only authorizes a third party to have unlimited access to your account information, however they will not be permitted to make changes to your account. Please complete this section in full and submit the notarized original to Next Generation Trust Services.

Name of Interested Party _____

Interested Party Address _____

City, State, Zip _____

Contact Number _____ Fax Number _____

Email Address _____

Please check ONLY ONE Option: ☐ Please provide Interested Party online access ☐ Please send duplicate statements

Limited Power of Attorney:

Please complete the information in this section to authorize a third party to conduct all transactions (with the exceptions noted) in your account. **This designation may not be used to direct transfer or distributions, or to make changes to beneficiary designations.** This section applies **ONLY** to Next Generation TS forms and documents. Please complete this section in full and submit the notarized original to Next Generation Trust Services.

Name of Attorney-In-Fact _____

Attorney-In-Fact Address _____

City, State, Zip _____

Contact Number _____ Fax Number _____

Email Address _____

Please check ONLY ONE Option: ☐ Please provide Attorney-In-Fact online access ☐ Please send duplicate statements

Signature of Attorney-In-Fact:_____

Signature: *Please mail this form to Next Generation Trust Services.*

This Designation will remain in effect until Account Holder provides revocation in writing to Next Generation Trust Services. I understand that neither the Administrator (Next Generation Trust Services) nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator/Custodian harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorney's fees and/or third party claims arising out of and/or in connection with their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorney's fees and costs and internal costs (collectively "Litigation Costs") incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. If any provision of this Designation is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Account Holder Signature:_____ Date: _____

NOTARY CERTIFICATION REQUIRED

STATE OF _____

COUNTY OF _____

I CERTIFY that on _____, 20 _____,

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one person):
a) is named in and personally signed this document; and b) signed, sealed and delivered this document as his or her act and deed.

_____
Signature of Notary

(Seal Here)

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