



Power of Attorney

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Use this form to grant power of attorney for your AssetMark Trust Company account(s) or for Cash AdvantageSM Bancorp Checking Account(s) linked to an identically registered AssetMark Trust Company custodial account.*

Please be sure to notarize this form.

Account Holder Information

Account name

▪

Check here to add Power of Attorney to your identically registered AssetMark Trust Company custodial linked Cash AdvantageSM Bancorp Checking Account.

AssetMark Trust Company custodial account number(s):

▪

▪

Attorney-In-Fact Information

Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. Databases maintained by consumer reporting agencies or other vendors may be used to verify the identifying information that you have provided. You acknowledge that in the event we are unable to verify your identifying information, your account may be closed and the securities may be redeemed at the then current price. Such redemptions may have tax consequences, and you will be responsible for any financial losses due to account closure.

Name

▪

Date of Birth

▪

Address

▪

City

State

Zip

▪

▪

▪

Phone number

▪

Social Security number

▪

Signature of Attorney-In-Fact

X

Date

▪

Power of Attorney Authorization and Designation

The above named person designated with Power of Attorney ("Attorney-in-Fact") is hereby authorized to take actions with respect to my AssetMark Trust Company and The Bancorp Bank ("Bancorp") accounts, in the same manner and to the same extent as I am permitted to take action. I agree to indemnify and hold harmless AssetMark Trust Company and Bancorp, its affiliates, directors, officers, agents and employees, and their heirs, executors, administrators, successors, and assigns from any actions taken by any and all claims, judgments, settlements and other liabilities and damages (including attorneys' fees) arising out of or relating to their reliance on this Power of Attorney and acting upon instructions, either oral or in writing, originating from the Attorney-in-Fact. This Power of Attorney shall remain in full force and effect until AssetMark Trust Company or Bancorp is notified in writing of my death, disability, or incapacity or until I have revoked it by written notification is received by AssetMark Trust Company or Bancorp. Such revocation will affect my obligations resulting from transactions initiated prior to receipt of such revocation.

Client signature

X

Date

▪

Additional client signature (if any)

X

Date

▪

*Cash Advantage is a service made available by AssetMark Trust Company to its custodial clients and provided by The Bancorp Bank, a third-party bank not affiliated with AssetMark.

Notarization and Witness

I, _____, the account owner, sign my name to this power of attorney
(print name)
this _____ day of _____ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Account owner signature

Date

X

▪

Witness

I, _____, the witness, sign my name to the foregoing power of
(print name)
attorney being first duly sworn and do declare to the undersigned authority that the account owner signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the account owner, sign this power of attorney as witness to the account owner's signing and that to the best of my knowledge the account owner is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Witness *print name*

X

▪

Witness signature

Date

X

▪

Notary

The state of _____ County of _____

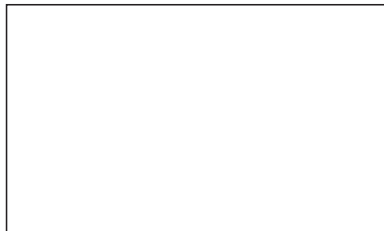
Subscribed, sworn to and acknowledged before me by _____, the account owner, and subscribed and sworn to before me by _____, witness, this _____ day of _____.

Notary signature

Date

X

▪



Notary seal