

Client Authorizations Form

FOR INTERNAL USE ONLY
 Firm Code _____ Rep# _____ Lkwd Code _____

INSTRUCTIONS:

Please review the authorizations below carefully and sign **ONLY** those authorizations which are applicable to your Account. Section I allows you to delegate your proxy rights or, in the case of ERISA accounts, withhold such a delegation. In Section II, you may choose not to receive transaction confirmations. In Section III, you may elect to have duplicate statements, duplicate confirms and/or tax information sent to parties which you designate below. For each of the sections below, the respective regulatory bodies require a full signature of each account owner.

I. Proxy Authorization

For ERISA Accounts Only: I understand that pursuant to ERISA regulations, my investment manager will receive all proxies and related materials and will vote the same on my behalf. My signature below indicates that I wish to withhold this right and receive and vote all proxies myself.

_____	_____
Client Signature	Co-Holder Signature
_____	_____
Date	Date

For Non-ERISA Accounts Only: Pursuant to NYSE regulations, I hereby delegate all proxy rights to my investment manager and designate him/her to receive all proxies and any and all related materials and to vote the same. I have the right to rescind this delegation at any time with prior written notice to my investment manager. My signature below evidences my approval of this delegation.

_____	_____
Client Signature	Co-Holder Signature
_____	_____
Date	Date

II. Confirm Suppression

I do not want to receive a separate confirmation of each transaction for the account(s) listed herein. Accordingly, by signing below, I direct Pershing LLC to discontinue mailing separate trade confirmations to me, for the account(s) listed herein. I understand and acknowledge that: (1) I will not pay a different fee based on my decision to execute this document; (2) Executing this document is not a condition to my entering into or continuing participation in a wrap fee program; (3) I may rescind this instruction to discontinue mailing trade confirmations at any time. In lieu of separate trade confirmations, information from the confirmation will be reported via the brokerage account statement. I can obtain, upon request to Pershing LLC and at no additional charge, information regarding any confirmation for your account, and a hard copy of any confirmation. Your portfolio manager will receive a confirmation of each trade.

_____	_____
Client Signature	Co-Holder Signature
_____	_____
Date	Date

Account Numbers:

INTERNAL USE ONLY:

 Authorized Fulcrum Securities, Inc. Principal signature Date

III. Interested Party

Client directs Broker Dealer to forward account information pertaining to the account(s) referenced on the Brokerage Account Agreement to the Consultant referenced herein or such other third party referenced below.

Consultant Name _____
 Street Address _____
 City _____ State _____ Zip _____

Duplicate Statements Tax Information
 Duplicate Confirms Account Information

Name _____
 Street Address _____
 City _____ State _____ Zip _____

Duplicate Statements Tax Information
 Duplicate Confirms Account Information

Name _____
 Street Address _____
 City _____ State _____ Zip _____

Duplicate Statements Tax Information
 Duplicate Confirms Account Information

_____	_____
Client Signature	Co-Holder Signature
_____	_____
Date	Date

_____ Date
 Authorized Fulcrum Securities, Inc. Representative