



Instructions: Please complete both pages of this form and mail to Goldman Sachs Bank USA, P.O. Box 1978, Cranberry Twp., PA 16066.

Durable Power of Attorney

Depositor Name: _____ **Account Number(s):** _____

By signing this Durable Power of Attorney ("Power of Attorney"), I the undersigned Depositor appoint _____ (Print Name) as my Attorney-In-Fact, with full power and authority to conduct transactions on my behalf concerning or relating to the deposit accounts listed above at Goldman Sachs Bank USA (the "Bank") as follows:

1. Powers Granted:

- A. To maintain, renew, modify or close any of the accounts listed above at the Bank (including certificates of deposit) and to accept and to agree on my behalf to any terms and conditions of such accounts, including the provision of services relating to the use of automated teller machine (ATM) cards, telephone banking, Automated Clearing House transactions, and wire transfers.
- B. To sign checks, drafts and other orders for withdrawal or otherwise make withdrawals or transfers from any of the accounts listed above at the Bank by check, order, draft, wire transfer, electronic funds transfer or otherwise.
- C. To endorse, negotiate or otherwise transfer checks and other items for any purpose, including for deposit into any of the above-listed accounts at the Bank, or for cash.
- D. To receive account statements or other notices related to any of the accounts listed above at the Bank.
- E. To do any other lawful act with respect to the accounts listed above at the Bank.

2. Limiting Authority to Specific Accounts: The individual designated as the Attorney-in-Fact is granted the authority to exercise all powers described in this Power of Attorney with respect to ONLY those accounts with the Bank listed above.

3. Disability of Depositor: It is my intention that all powers conferred upon the Attorney-In-Fact shall remain in full force and effect at all times regardless of my incapacity or disability and regardless of the lapse of time since the execution of this Power of Attorney.

4. Effective Date: This Power of Attorney shall become effective upon execution on the date shown below.

5. Revocation: This Power of Attorney will remain in effect until the Bank receives written notice that revokes this Power of Attorney, or that I have died and the Bank has had a reasonable opportunity to act on the notice.

6. Interpretation and Governing Law: This instrument is to be construed and interpreted as a general durable power of attorney. This instrument is delivered in the state of Utah, and the laws of the state of Utah shall govern all questions as to the validity of this power and the construction of its provisions without giving effect to conflicts of laws principles.

I hereby acknowledge and agree I am solely responsible for updating this Power of Attorney to include any new account that I may establish with the Bank any time after the date shown below.

Further, I do hereby, for myself and for my heirs and personal representatives, agree to hold harmless and indemnify the Bank from all actions, claims, suits, actions, damages, judgments, costs, charges, and expenses, including court costs and attorneys' fees, against any and all liability, loss and damage of any nature whatsoever that may arise directly or indirectly by reason of the Bank's reliance on the Power of Attorney, including instructions received after termination of the Power of Attorney (by revocation or death of the Principal), but before we received written notice of the termination.

Effective Date

Signature of Depositor

Notary Section

STATE OF _____

COUNTY OF _____

On this day of _____, 20____, I, the undersigned, certify the Depositor, _____, personally appeared before me, who I am satisfied is the person who signed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she signed, sealed and delivered the same as his/her voluntary act and deed for the uses and purposes expressed in the foregoing Power of Attorney.

Name of Notary Public

SEAL

Notary Public Signature

My Commission Expires _____