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 ♦ E-sign and transmit directly to STRATA ♦ Safely upload supporting documentation ♦ Securely transfer data with SFTP file protocol

Use this form to add or remove a Power of Attorney (“POA”) for your STRATA Trust Company “STRATA” IRA account.

Your appointed Attorney-in-Fact (“Agent”) will have access to all your STRATA IRA account (“Account”) information as well as the ability to transact the duties outlined in your POA document.

Important Information:

- STRATA *cannot accept* individual asset or institutional POA assignments.
- Along with this form submission, you must include a copy of the fully executed POA document.
- Durable POA assignment - If this POA designation is necessitated by the accountholder’s subsequent incapacity, you must also provide a signed and dated physician’s letter noting the diagnosis.
 - In place of the accountholder’s signature on this form, the designated Durable POA will sign this form with their name followed by “POA for (input client name)”.

Section 1 Account Information

Accountholder Name		Account Number	
Social Security Number (Last 4 Only)	Daytime Phone	Email Address	


Section 2 Power of Attorney Designation

<input type="checkbox"/> Add POA - I hereby elect to add/designate the following Agent to my Account.	<input type="checkbox"/> Remove POA - I hereby elect to remove the following Agent which I previously designated to my Account.	
Agent Name		
Agent Address (No P.O. Boxes)		
City	State	Zip
Agent Phone #	Agent Date of Birth:	Agent SSN:
Agent Email		

Section 3 Terms and Conditions

I understand that I have the option to designate or remove an Agent with POA on my account at any time. My Agent may be any person I choose and will have access to: (1) receive copies of any correspondence related to my account with STRATA, including, but not limited to, my account statements, (2) view my account online or receive online statements, (3) discuss my account with STRATA, (4) have unlimited access to information regarding my account with STRATA, and (5) transact the duties authorized within the attached POA document.

By signing below, I confirm that the attached POA is a true and correct copy of the original POA currently in force. If any controversy, claim, or dispute arises relating to the Agent, accountholder acknowledges and agrees to release, indemnify, defend, and hold STRATA harmless.

 _____ Date

Accountholder Signature (or Durable POA)

Printed Name

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request