



LIMITED POWER OF ATTORNEY

Name of Account Holder _____

Address of Account Holder _____

Account Number _____ Social Security Number _____

THIS POWER OF ATTORNEY GIVES CAPITAL IRA CERTAIN LIMITED POWERS TO MANAGE YOUR SELF DIRECTED INDIVIDUAL RETIREMENT (IRA) ACCOUNT. PLEASE MAKE SURE YOU UNDERSTAND THIS FORM BEFORE SIGNING. IF YOU DO NOT FULLY UNDERSTAND THIS LIMITED POWER ATTORNEY, PLEASE CONSULT YOUR OWN ATTORNEY. YOUR SIGNATURE MUST BE NOTARIZED.

I hereby nominate, constitute, appoint and authorize CAPITAL IRA my true and lawful agent and attorney-in-fact to act in, manage and conduct all transactions and to take all necessary and proper actions in connection with my CAPITAL IRA SELF-DIRECTED IRA ACCOUNT ("Account"), for my benefit as my act and deed, on my behalf. Such power shall include, but shall not be limited to:

1. Authorizing checks and wires for the payment of (i) custodial and administrative fees of the Account, (ii) costs and fees associated with the purchase, financing, sale, operation and/or management of any assets (including real estate) owned or to be owned by my IRA(s);
2. Taking, and directing the custodian of my Account ("Custodian") to take, actions and perform tasks necessary for the proper administration and management of my Account and any assets (including real estate) owned or to be owned by my IRA(s), and/or required by any agreements entered into between my IRA(s) and CAPITAL IRA or the Custodian;
3. Making, endorsing, accepting, receiving, signing, executing, acknowledging and delivering agreements, authorizations, notes, bonds, mortgages, security instruments, deeds, settlement statements, assignments, affidavits, certifications, amendments and such other instruments, writings and documents of whatever kind and nature as may be necessary, convenient or proper in connection with my Account;
4. Communicating with my financial advisors, property manager or the Custodian regarding my Account and any assets (including real estate) owned or to be owned by my IRA(s).

This Limited Power of Attorney does not confer the right to change the beneficiary(ies) of the Account or withdraw funds from the Account for any purpose not described in 1-4 above.

This Limited Power of Attorney can only be revoked by the Account Holder in writing and shall continue in full force and effect notwithstanding that I should become disabled, incapacitated or incompetent, or during any period where there may be uncertainty as to whether I am dead or alive.

I acknowledge and agree that CAPITAL IRA is not a "fiduciary" of or for my account, as that term is defined in applicable federal, state or local laws or regulations, and that CAPITAL IRA does not offer investment advice or exercise any discretion with regard to my Account. I hereby release, indemnify, defend and hold CAPITAL IRA harmless from any claims, actions, losses, liability and costs (including, but not limited to attorneys' fees, fines, penalties and/or third party claims) related to, arising out of or in connection with its reliance on this Limited Power of Attorney. This indemnity and hold harmless provision shall survive termination of this Limited Power of Attorney. In the event CAPITAL IRA is named as a party in any claim, CAPITAL IRA shall have the right to select its own legal representation and shall have the right to deduct from my Account the costs and expenses related to such representation. If my Account has insufficient funds, I will reimburse CAPITAL IRA for these costs, and CAPITAL IRA shall have full legal rights to pursue the payment of these costs by taking such legal action as CAPITAL IRA deems proper.

This Limited Power of Attorney, and the agreements herein, shall inure to the benefit of CAPITAL IRA and its agents, assigns, successors, joint ventures, licensees, affiliates and/or business partners.

If any portion of this Limited Power of Attorney is found to be invalid, unenforceable, void or illegal, the remaining terms and provisions shall be unaffected thereby and shall remain in full force and effect. This Limited Power of Attorney shall be governed by the laws of the State of New Jersey applicable to agreements made and to be performed therein.

Signature of Account Holder

Date

Print Name

State of _____, County of _____

BE IT REMEMBERED that on this ____ day of _____, 20__ before, the undersigned authority, personally appeared _____, who I am satisfied is the person named in and who executed the above power of attorney, and I having first made known to him/her the contents thereof, he/she acknowledged that he/she signed, sealed and delivered the same as his/her voluntary act and deed.

Notary Public

[SEAL]

Print Name
My Commission Expires: _____