

Representative Authorization Form (LPOA)

Complete and return to: Brinker Capital Investments, LLC 17605 Wright Street Omaha, NE 68130

Telephone: (888) 455-4244 Facsimile: (402) 493-2811

This Representative Authorization Form contains three (3) consecutively numbered sections. Please complete each section. If you have any questions, please call your New Business Specialist at (888) 455-4244.

This form is required for a Client of Brinker Capital Investments, LLC ("Brinker") to designate another individual with authority to issue investment instructions pertaining to the Client's account with Brinker, subject to the terms of the Client's Investment Advisory Agreement with Brinker. This form may not be used to accomplish market timing or excessive trading activities.

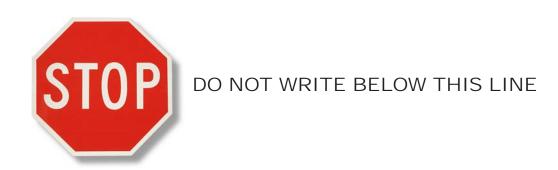
Your Account Info	rmation.	
Client Name:		Date of Birth:
Physical Address:		Social Security or Tax ID#:
City:	State:	Zip Code:
Home Phone Number:	Business Phone Number:	E-mail Address:
Authorization of R	Representative.	
counts with Brinker. Client by the Designated Represinstrument. Client further unall requests received from	t understands that Brinker may have internesentative and Client hereby consents to understands that by granting this authority to such Designated Representative as having	elow to make investment changes to any of Client's ac- nal procedures limiting allowable changes to be made Brinker's limitation of the powers delegated by this to the Designated Representative, Brinker may rely upon ng been authorized by Client. This authorization shall ation signed by Client, or if otherwise rejected for any
Designated Repre	sentative's Information.	
Representative's Name:		ID Number:
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	E-Mail Address:
Broker/Dealer Name:		
Broker/Dealer Address:		
City:	State:	Zip Code:
Designated Repre	sentative's Signature.	
I will act at all times with account(s) with Brinker. I wand hold harm-less Brinker	n proper authority given by the Client for will not use my authority to engage in marker and any of Brinker's agents, officers, direliabilities, actions, proceedings, judgments,	all actions initiated by me pertaining to the Client's ket timing or frequent trading activities. I will indemnify rectors, managers, and employees against any and all or costs, including attorneys' fees, which these parties
Designated Representative's Sign	nature	
		1

3

Client's Signature.

I hereby authorize the Designated Representative identified above to make investment changes to any of my accounts with Brinker. I understand that Brinker may have internal procedures limiting allowable changes to be made by my Designated Rep-resentative and hereby consent to Brinker's limitation of the powers delegated by this instrument. I further understand that by granting this authority to my Designated Representative, Brinker may rely upon all requests received from such Designated Rep-resentative as having been authorized by me. This authorization shall remain in effect until Brinker shall receive written notice of its revocation signed by me, or if otherwise rejected for any reason by Brinker. I hereby agree to indemnify and hold Brinker harm-less from any and all liability or claims, including but not limited to damages, court costs, legal fees, and costs of investigation as a result of Brinker's reliance on instructions granted hereunder by me or by my Designated Representative.

X	Printed Name	Date
X		
Co-Client's Signature	Printed Name	Date



X		
Authorized Signature	Printed Name	Date

Accepted By Brinker Capital Investments, LLC

November 2020 2979-BCI-11/06/2020