

**EXHIBIT A**  
**LIMITED POWER OF ATTORNEY**

By virtue of this Limited Power of Attorney, \_\_\_\_\_  
("Representative") hereby authorizes the individuals listed below to provide information to Brinker  
Capital Investments, LLC ("Brinker") on behalf of Representative for any Brinker managed accounts.

Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Representative represents that any instructions given to Brinker by the individuals listed above have been authorized by Representative and that Brinker may rely upon all instructions received as if they were from Representative. Representative agrees to indemnify and hold harmless Brinker and any of Brinker's agents, officers, directors, managers and employees against any and all losses, claims, damages, liabilities, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon instructions from the individuals listed above.

This authorization shall remain in effect until Brinker receives written notice of its revocation signed by Representative, or if otherwise rejected for any reason by Brinker.

**SIGNATURE BOX**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_