

LIMITED AUTHORIZATION

STERNE, AGEE & LEACH, INC.:

You are hereby directed to execute any order for purchase or sale of securities for my account by

_____ whose relationship to me is _____.

Signature

Address

Address

City

State _____ Zip Code

Social Security Number

Date

* 800 Shades Creek Parkway * Suite 580 * Birmingham, Alabama 35209 * 800.292.2411 * FAX
205.414.3391 *