



# Durable Power of Attorney (POA) Form

Use this form to designate a person(s) as Attorney-in-Fact on your Wasatch Funds account(s).

**The Power of Attorney granted with this form shall be considered durable and continue in full force after the disability or incapacity, of the grantor of the POA.**

An Attorney-in-Fact may only be designated for Wasatch Funds individual, joint tenants or IRA accounts.

**Overnight Delivery:**  
Wasatch Funds  
235 W. Galena Street  
Milwaukee, WI 53212

**Regular Mail:**  
Wasatch Funds  
P.O. Box 2172  
Milwaukee, WI 53201-2172

## 1. INVESTOR INFORMATION

_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Name	Social Security Number
_____	_____
Name (Optional)	Social Security Number
_____	_____
Daytime Phone Number	Evening Phone Number
_____	_____

## 2. DESIGNATION OF ATTORNEY-IN-FACT

_____	_____		
Name of Attorney-In-Fact	Social Security Number of Attorney-In-Fact		
_____	_____	_____	_____
Permanent Street Address (no P.O. boxes)	City	State	Zip
_____	_____	_____	_____
Birthdate	Daytime Phone Number	Evening Phone Number	
_____	_____	_____	
Name of Attorney-In-Fact	Social Security Number of Attorney-In-Fact		
_____	_____		
Permanent Street Address (no P.O. boxes)	City	State	Zip
_____	_____	_____	_____
Birthdate	Daytime Phone Number	Evening Phone Number	
_____	_____	_____	

**Please select one (if no box is checked you will be deemed to have selected Limited Power Of Attorney):**

**Power Of Attorney** - grants to an Attorney-in-Fact the authority to take any action that I could take if acting personally, including, but not limited to, the purchase, sale, exchange, or transfer of shares, provided that any exchange or transfer shall not be made into an account titled in the name of an Attorney-in-Fact, and any remittance of sale proceeds shall not be in the name of an Attorney-in-Fact, and, if applicable, consent to the electronic delivery of regulatory documents to an Attorney-in-Fact.

**Full Power Of Attorney** - grants to an Attorney-in-Fact the authority to take any action that I could take if acting personally, including, but not limited to, the purchase, sale, exchange, or transfer of shares, including any transfer into the name of an Attorney-in-Fact or direct remittance of sale proceeds to an Attorney-in-Fact, and, if applicable, consent to the electronic delivery of regulatory documents to an Attorney-in-Fact.

\_\_\_\_\_  
Signature of Attorney-In-Fact

\_\_\_\_\_  
Date

