



Durable Power of Attorney (POA) Form

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

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

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.

1. INVESTOR INFORMATION

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

2. DESIGNATION OF ATTORNEY-IN-FACT

If more than one Attorney-in-Fact is designated, each Attorney-in-Fact may independently exercise the powers granted.

_____	_____		
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	

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, OR
- 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

3. DESIGNATION OF BENEFICIARY

To allow your Attorney-in-Fact to designate beneficiaries on your IRA(s), you must **check one** of the following options, otherwise, your Attorney-in-Fact will not have the authority to designate beneficiaries:

- Beneficiary Designations** – to designate beneficiaries, or change existing beneficiary designations, in accordance with the procedures outlined in the applicable Account agreement(s) governing my Account(s) with the exception of not allowing beneficiary designations in the name of an Attorney-in-Fact.
- Beneficiary Designations including power to designate an Attorney-in-Fact as my Beneficiary** – to designate beneficiaries, or change existing beneficiary designations, in accordance with the procedures outlined in the applicable Account agreement(s) governing my Account(s) including the power to designate an Attorney-in-Fact as the beneficiary on my IRA(s).

4. AUTHORIZATION

The person(s) designated in Section 2 as Attorney-in-Fact is hereby authorized to transmit to UMB Fund Services, Inc. as transfer agent for each fund that is a member of the Wasatch Funds (individually a "Fund" and collectively the "Funds"), either orally, in writing, or electronically in accordance with procedures periodically established by Wasatch Funds, instructions for any action that I might or could take if acting personally, including designating beneficiaries, for any Fund account for which I have an individual or joint interest.

By checking one of the boxes above, I hereby indicate the authorization given to said Attorney-in-Fact when providing instructions to act upon my account(s). I hereby authorize Wasatch Funds to treat the above-named Attorney-in-Fact as authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could act. I hereby agree to indemnify and hold harmless Wasatch Funds, UMB Fund Services, Inc. and each of their employees, agents, officers, directors, nominees and affiliates, from acting upon instructions, either orally, in writing, or electronically, believed by them to have originated from any and all acts of said Attorney-in-Fact with respect to the shares in the account stated above.

The powers given under this Durable POA shall remain in full force and effect until five business days after UMB Fund Services, Inc. receives a written notice with a Notarized signature(s) from the undersigned revoking this designation of Attorney-in-Fact, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to receipt of such revocations. This Durable POA shall not be affected by the subsequent disability or incapacity of the account owner. Wasatch Funds and UMB Fund Services, Inc. shall not be responsible for any action taken on the basis of this authorization until receipt of written notice thereof.

5. SIGNATURE AND NOTARY

The account owner(s) is responsible for ensuring compliance with applicable state requirements of execution. Wasatch Funds and UMB Fund Services, Inc. assume no responsibility to verify the correct execution of this document.

Signature of Witnesses (check your state's requirements to determine if, and how many, witnesses are necessary):

Signature of Owner	Date	Witness	Date
Signature of Joint Owner	Date	Witness	Date

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of _____, in the County of _____

Subscribed and sworn to before me by the above-named Account Owner who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ Date

NOTARY PUBLIC	DATE	SEAL

My Commission Expires _____