



MONTGOMERY INVESTMENT MANAGEMENT, INC.

Customer Agreement for U.S. Citizens

Client Name: _____

Mailing Address: _____

Residential Address (if different): _____

Home Phone Number: _____ Work Phone Number: _____

Tax ID: _____ Tax ID: _____ Email: _____

Multiple accounts (below, identify each account registration requested; address above will be used unless specifically noted);

Montgomery Investment Management, Inc. ("MIM") and _____

_____ ("Client") agree that:

1. MIM has furnished you with a description of the services which we provide, as well as information required by the Securities and Exchange Commission (including, but not limited to, MIM's current ADVII) and any such other information as you have reasonably requested.
2. This Agreement may be terminated by you at any time upon written notice, or by us upon fifteen (15) days written notice. Client may also terminate this Agreement within five (5) days of original acceptance with no penalties or charges.
3. Annual Fees for our management services are based upon a percentage of assets in the portfolio. The fees will be charges in quarterly installments against the cash value in the account (fee schedule on pg. 2). Each quarterly fee will be based on our written valuation prepared at the time the Agreement is ratified and on a calendar quarter thereafter. If this agreement is terminated during a quarter for which fees have been paid, a prorated portion of the fee will be refunded. All fees are subject to change with thirty days written notice.
4. This Agreement cannot be assigned to another Advisor without your prior written consent.
5. In the case of an account governed by the Employee Retirement Income Security Act of 1974 as amended, your annual written reaffirmation of your Limited Trading Authority form with us will constitute your renewal of the Agreement. MIM represents that is duly registered as an investment advisor with the SEC pursuant to the Investment Advisors Act of 1940, as amended, and acknowledges that it is a Fiduciary with respect to Client under the Employee Retirement Income Security Act of 1974, as amended.
6. Please indicate whom you wish to use as your Broker/Dealer to handle purchase and sell transactions:

Account Executive: _____

7. Please indicate whom you wish to use as Custodian for your account: _____

NOTE: Montgomery urges our clients to read and regularly compare statements they receive from their custodian with the monthly statements they receive from MIM. Any unexplained variations should be questioned and discussed with a member of Montgomery's management staff.



MONTGOMERY INVESTMENT MANAGEMENT, INC.

Limited Power of Attorney
for
Discretionary Accounts

I hereby authorize and empower Montgomery Investment Management, Inc., to trade with the firm of my choice, in my name, on my behalf and for my account(s) risk, and to that end, to buy, sell, exchange and otherwise deal in any and all kinds of stocks, bonds, securities, rights with respect to securities, covered options and limited partnership investments.

Montgomery Investment Management, Inc. shall vote proxies for securities held in your discretionary account unless you notify us, in writing, that the power and authority to vote those proxies has been reserved to another person. *If Montgomery Investment Management, Inc. receives such notice from you, we will arrange to have proxies for securities held in your account forwarded to you or such other person as you direct.*

Notwithstanding the foregoing, no officer, employee or other representative of Montgomery Investment Management, Inc. shall have the power to trade, buy, sell, exchange, hold, or otherwise deal in or vote, in my name, on my behalf or relating to my account, any securities of a company of which such officer, employee or representative is an officer, director or employee.

I hereby ratify and confirm any and all action of any kind herein authorized, which may have been heretofore taken by Montgomery Investment Management, Inc.

The authority hereby given shall remain in full force and effect until you shall receive written notice from me of its revocation.

In Witness whereof, the undersigned has hereunto signed his name this _____ day of _____, 20 _____.

Client Signature: _____ Client Signature: _____

Printed Name: _____ Printed Name: _____

Witness: _____

*If you have listed multiple accounts on page one, please indicate if discretion is being authorized for all accounts as listed:

Yes, authorization applies to all accounts as listed on page one of this application.

No, authorization applies only to: _____



MONTGOMERY INVESTMENT MANAGEMENT, INC.

Payment Authorization Form

To My Custodian: _____

Custodian Address: _____

This letter serves as confirmation of my/our authorization to issue payment to Montgomery Investment Management, Inc. for advisory fees in the following manner:

Account name:

Charge Account #:

Invoicing will be on a quarterly basis. Payment is to be sent to:

**Montgomery Investment Management, Inc.
6550 Rock Spring Drive
Suite 600A
Bethesda, MD 20817**

Note: If this authorization is to be revoked, advance written notice must be provided.

Client Signature

Date

Client Signature (if applicable)

Date

Printed Name

Printed Name