



IVA Funds Power of Attorney (POA) Form

PLEASE PRINT ALL ITEMS CLEARLY

State Street Bank and Trust Company and DST Asset Manager Solutions, Inc. Indemnification Agreement for Power of Attorney Registration (Form #106 9/2008)

Mail To: IVA Funds
P.O. Box 219061
Kansas City, MO 64121-9061

Overnight Mail To: IVA Funds
430 W 7th Street
STE 219061
Kansas City, MO 64105-1407

For more information, call 1-866-941-4482 or visit the Funds' website at www.ivafunds.com.

1. ACCOUNT INFORMATION

Shareholder's Name(s) / Account Registration

Account Number(s)

Name of Fund(s)

Home Phone

2. DESIGNATION OF POWER OF ATTORNEY

I, _____ (name) of _____ (place) do hereby make, constitute and appoint _____ (name) whose specimen signature is _____ and whose address is _____ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

(1) to transmit to the transfer agent State Street Bank and Trust Company ("State Street") or DST Asset Manager Solutions, Inc. ("DST") either orally or in writing in accordance with procedures established by either State Street or DST from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s);

(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual funds; and

(3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold State Street, DST and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST and delivered to its main office, such revocation shall not effect any liability in any way resulting from transaction initiated prior to DST's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and State Street, DST and the above named mutual fund(s) shall not be responsible for any action take on the basis of this authorization until DST has received written notice thereof addressed to DST and delivered to its main office.

DESIGNATION OF POWER OF ATTORNEY (CONTINUED)

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand the ____ day of _____ (month), 20_____(year)

Signature of Shareholder/Grantor of Power of Attorney:

STATE OF
COUNTY OF S.S.:

On this ____ day of _____ (month), 20_____(year), before me appeared _____, to me personally known to be the individual described herien and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public:

My commission expires:

3. INFORMATION FOR AND AFFIDAVIT OF ATTORNEY-IN-FACT

To help the government fight the funding of terrorism and money-laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account. As you are being named Attorney-in-fact to act on the above referenced account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by USA Patriot Act. The following items must be completed.

Name of Attorney-in-fact:

Social Security Number:

Date of Birth:

Address:

STATE OF
COUNTY OF S.S.:

Being duly sworn and desposed, I affirm that:

_____ as principal, who resides at _____ did,

On this ____ day of _____ (month), 20_____(year), did appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate.

Signature of Attorney-in-fact:

Sworn to before me this ____ day of _____(month), 20_____(year)

Notary Public:

My commission expires: