

DISCRETIONARY ACCOUNT AUTHORIZATION



StoneX Financial Inc.:

You are hereby directed to execute any order for the purchase and/or sale of securities in the following account(s):

Account Number _____ Account Number _____ Account Number _____

AUTHORIZED AGENT #1		
Name (Required)	Date of Birth	SSN / Taxpayer ID
Email Address	Phone Number	
Legal Address (No P.O. Boxes) (Required)		
Agent's Authority (see definitions below):	<input type="checkbox"/> Full discretionary authority	<input type="checkbox"/> Limited discretionary authority
Is the authorized agent an employee of the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMPLOYEES OF THE FIRM ONLY		
Authorized Agent's Signature	Date	

AUTHORIZED AGENT #2		
Name (Required)	Date of Birth	SSN / Taxpayer ID
Email Address	Phone Number	
Legal Address (No P.O. Boxes) (Required)		
Agent's Authority (see definitions below):	<input type="checkbox"/> Full discretionary authority	<input type="checkbox"/> Limited discretionary authority
Is the authorized agent an employee of the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMPLOYEES OF THE FIRM ONLY		
Authorized Agent's Signature	Date	

This authorization shall continue to be in effect until revoked in writing by me.

All account owners must sign.

_____ Primary Account Owner Signature	_____ Printed Name	_____ Date
_____ Additional Account Owner Signature	_____ Printed Name	_____ Date
_____ Additional Account Owner Signature	_____ Printed Name	_____ Date
_____ Additional Account Owner Signature	_____ Printed Name	_____ Date

Definitions

Full discretionary authority: This authority allows the Authorized Agent(s) to buy and sell securities and includes the right to request delivery of securities or monies from the Account in the Account Owner's or Owners' name(s).

Limited discretionary authority: This authority allows the Authorized Agent(s) to buy and sell securities only.

PRINCIPAL APPROVAL

Authorized Principal Signature

Date

Authorized Principal Name