

Date: _____

Account #: _____

Account Name: _____

Total cards requested: _____

Name as you would like it on the card(s) (max 21 characters) *maximum 5 cards per account*

Mailing Address for Initial Card Only:
FENIX SECURITIES, LLC
One World Trade Center, 85th Floor
New York, NY, 10007, USA

 Primary Acct Holder Name

X _____
 Primary Acct Holder Signature

 Date

PRINCIPAL ATTESTATION OF AUTHENTICITY

With my signature below, I represent that the following are true regarding these client instructions and the respective application:

- The client instructions as described in this application have been reviewed and approved and are in full compliance with our firm’s policies and procedures.
- The firm has verbally confirmed via outbound phone call with the account holder(s) or those authorized to act on their behalf that the application are authentic and the signature(s) on the instructions is their own.
- Our firm understands that it is fully responsible for any loss caused by fraudulent activity associated with the application.
- I warrant that I am an authorized signor of my firm and/or authorized to act on its behalf.

X _____
 Qualified Principal’s Signature

 Print Name

 Date

By signing below, the applicant(s) agrees to the terms and conditions on the accompanying Capital Resource Account disclosure document, as well as the fees noted on a separate schedule and the Terms & Conditions statement(s) that will be mailed with the checks and/or card(s). Use of the checks and cards indicates receipt of these documents. Checks and cards will be mailed to the name and address of record on the StoneX Financial Inc. brokerage account which may be different from the information below. Accounts may not be available to non-U.S. residents. All persons listed on the account must sign the applicable area. A prospectus must precede or accompany this application.

Note: We comply with Section 326 of the USA PATRIOT ACT. This law requires us to verify certain information about you while processing your application. To aid in our identification process, StoneX Financial Inc. has contracted with a third party vendor to assist with our Customer Identification Program. If applicable, certain relevant information regarding your account may be passed to such third party to verify your identity and help StoneX Financial Inc. comply with the TYPE OF SERVICE USA PATRIOT ACT.

Capital Resource Account Number	2	3	8	0	0	0									
<input type="checkbox"/>	Checkwriting (complete section 1)														
<input type="checkbox"/>	Visa [®] Check Card <input type="text" value="0200"/> (complete sections 1,2)														
<input type="checkbox"/>	Visa [®] Platinum Rewards Credit Card <input type="text" value="8730"/> (complete sections 1,2,3)														
<input type="checkbox"/>	DirectPay (automatic payment of credit card balance)														

APPLICANT DATA

1. ACCOUNT USER INFORMATION

PRIMARY ACCOUNT HOLDER			JOINT ACCOUNT HOLDER		
<input type="text"/>			<input type="text"/>		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
<input type="text"/>			<input type="text"/>		
Name of Beneficiary if UGMA/UTMA					
<input type="text"/>					
Trusts & Family Partnerships (Please furnish appropriate trust or partnership document.)					
<input type="text"/>			<input type="text"/>		
Name of Trust/Partnership			Tax Identification Number		
<input type="text"/>			<input type="text"/>		
Trustee/Authorized Partner					
<input type="text"/>					
Business & Non-Profit Accounts (Please furnish appropriate resolution.)					
<input type="text"/>			<input type="text"/>		
Name of Business Entity or Non-Profit			Authorized Representative Name		
<input type="text"/>			<input type="text"/>		
Taxpayer Identification Number					
<input type="text"/>					
2. ADDRESS & PERSONAL INFORMATION (For Visa Check Card & Visa Platinum Credit Card Only)					
<input type="text"/>			<input type="text"/>		
Street Address (P.O. Boxes not acceptable)			Street Address (If different from Applicant Address, PO Boxes not acceptable)		
<input type="text"/>			<input type="text"/>		
City	State	Zip Code	City	State	Zip Code
<input type="text"/>			<input type="text"/>		
Mailing Address (If different from home address)			Mailing Address (If different from home address)		
<input type="text"/>			<input type="text"/>		
Home Phone	Cell Phone*		Home Phone	Cell Phone*	
<input type="text"/>			<input type="text"/>		
Email Address			Email Address		
<input type="text"/>			<input type="text"/>		
Social Security Number (Required)		Date of Birth (Required)	Social Security Number (Required)		Date of Birth (Required)
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
Mother's Maiden Name			Mother's Maiden Name		
<input type="text"/>			<input type="text"/>		

3. FINANCIAL INFORMATION (for Visa Platinum Credit Card only)

Primary Account Holder

Length of time at address

Own or Rent

Monthly Payment

Employer

Business Address

Position

Length of Employment

Gross Income

Business Phone

Other Source(s) of Income** Other Income Amount (per month)

Total Relationship Value (in dollars) with brokerage firm

Joint Account Holder

Length of time at address

Own or Rent

Monthly Payment

Employer

Business Address

Position

Length of Employment

Gross Income

Business Phone

Other Source(s) of Income** Other Income Amount (per month)

Total Relationship Value (in dollars) with brokerage firm

REQUEST FOR ADDITIONAL CARD USER

As Cardholder, I understand that I am responsible for any and all advances, fees and charges that are incurred or accrued on this account, including those incurred by any authorized/additional users. With that understood, please issue an additional card on my above referenced Credit Card account in the name provided below.

Name of Additional Card User _____

Date of Birth (required) _____

Relationship to Cardholder _____

X
.....
ADDITIONAL USER'S SIGNATURE DATE

DIRECTPAY AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the financial institution that issues my credit card to deduct my monthly credit card payments from my below referenced account. The payment amount will be either the minimum payment due or the new balance due as specified below. I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date. If this date falls on a non-bank business day, the payment will be deducted on the prior business day. I agree that if my account does not have sufficient funds on the day my credit card issuer attempts to deduct the payment, the deduction may not be made. I understand that my credit card issuer may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from my account. Until such time that payment is made, I understand I am responsible to make such payment and any other payments that may be due. If at any time I decide to stop the automatic payment, I will send my credit card issuer written notice to the address set forth below at least ten (10) days prior to the next scheduled payment date. I understand that I will receive my monthly credit card statement at least ten (10) days prior to the date the automatic payment will be made. That statement will constitute notice to me of the amount of the automatic payment.

With this DirectPay Authorization Form, enclose a Voided Check for the Bank Account from which your payment will be deducted.

Debit THE FOLLOWING Account:

My Capital Resource Account

2	3	8	0	0	0														
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UMB Routing Number: 101218856

PAYMENT AMOUNT TO BE DEDUCTED EACH MONTH:
(Please Check One)

MINIMUM PAYMENT DUE NEW BALANCE DUE

I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date

* If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages such as pre-recorded messages, calls and messages from automated dialing systems or text messages. Normal cell phone charges may apply. You may opt out at any time.

**Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

SIGNATURE CARD

1. VISA PLATINUM REWARDS CREDIT CARD*

If a joint account, credit card will be issued to both account owners.

*Other restrictions apply. Full details are provided in the Program Rules Brochure which you will receive after your account is opened. Notice To Young Applicants: If you are under 21 years of age, Federal law prohibits us from approving your application for a credit card unless you demonstrate that you have the independent ability to make the required payments on your account, or unless you provide a guarantor or cosigner. The guarantor or cosigner must be acceptable to us and must sign our form of guaranty agreement.

NOTE: All applicants applying for credit must be an owner, or authorized party of a StoneX Financial Inc. brokerage account.

ON A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION. WHEN YOU FURNISH APPLICANT AND JOINT APPLICANT INFORMATION FOR A CREDIT CARD AND SUCH PERSONS SIGN BELOW, YOU INDICATE YOUR INTENT TO APPLY FOR JOINT CREDIT. EACH PERSON CAN USE THE ACCOUNT AND EACH PERSON IS LIABLE FOR THE DEBT.

2. AUTHORIZATION

By signing below, I (we) certify that the information provided on this application is true and correct and that I (we) am applying for each of the services indicated above. I (we) certify that I (we) have received the Capital Resource Account disclosure document and I (we) have read and agree to all of the terms, conditions and disclosures set forth in the disclosure booklet. The provisions in the Capital Resource Account disclosure document are binding on me (us) with respect to each product or service applied for. Any one (1) of the signatures in the Signature Card below, standing alone, is sufficient for the payment of checks. The signature(s) set forth is recognized for all purposes in connection with receipt of services applied for in this application, including the payment of checks.

3. CHECKWRITING

Please check appropriate box for type of checking.

Business Checking Personal Checking

X

Primary Account Holder's Signature Date

X

Joint Account Holder's Signature Date

Print Name Date

Print Name Date

2	3	8	0	0	0						
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ACCOU NT NO.

X

Qualified Principal's Signature

Print Name

Date

PRINCIPAL ATTESTATION OF AUTHENTICITY

With my signature below, I represent that the following are true regarding these client instructions and the respective application:

- The client instructions as described in this application have been reviewed and approved and are in full compliance with our firm's policies and procedures.
- The firm has verbally confirmed via outbound phone call with the account holder(s) or those authorized to act on their behalf that the application are authentic and the signature(s) on the instructions is their own.
- Our firm understands that it is fully responsible for any loss caused by fraudulent activity associated with the application.
- I warrant that I am an authorized signor of my firm and/or authorized to act on its behalf.

DISCLOSURE BOOKLET (Retain for your records)

VISA CHECK CARD APPLICATION AGREEMENT

Each person signing the Application for a Visa® Check Card (a “Card”) hereby applies to UMB Bank n.a. (the “Bank”) for a Card as set forth below. Each Applicant understands that the application for a Card is subject to approval by Bank. By submitting this request for a Card, each Applicant authorizes Bank to obtain a credit report on Applicant in connection with this Application and from time to time after Applicant receives a Card to verify that Applicant continues to qualify for the Card. Bank may inquire as to the credit, investments and employment history of each Applicant.

If this request is approved by Bank and a Card is issued, each Applicant understands that the Card(s) will be mailed to Applicant accompanied by an agreement (the “Cardholder Agreement”) setting forth the terms and conditions governing the Card. Applicant understands and agrees that the Card and use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time and by any agreement governing Applicant’s account.

Each time an Applicant uses a Card, Applicant authorizes liquidation of assets in the related investment account, so that transactions are settled and Bank receives the proceeds of such liquidations. Applicant understands that the Card is made available solely for the purpose of enabling Applicant to access the proceeds of the related investment assets, and does not involve any extension of credit. This authorization may be terminated by either Bank or by an Applicant upon written notification.

Applicant understands that Applicant will be responsible for the amount of any transactions authorized by an Applicant, whether or not the transactions have been debited from the related investment account as of the date of such termination.

Applicant agrees to use care in safeguarding Card against theft or unauthorized use. If Applicant is a business entity, or a Foreign Investor (defined as an investor who maintains residence in a country other than the United States), Applicant understands and agrees that Applicant is solely responsible for any and all use of Card, including any unauthorized and fraudulent use.

Applicant understands and agrees that Bank may provide information about the Card and Applicant’s use of a Card to StoneX Financial Inc., the applicable Fund and other service providers, in order to process Card transactions or otherwise provide Card services.

CHECKWRITING ACCOUNT AGREEMENT

Each person who signs the Capital Resource Account Application and requests checkwriting services certifies that his or her signature thereon represents such Applicant’s legal signature. Each Applicant guarantees the genuineness of any other Applicant’s signature appearing on the Signature Card. The Fund from which Applicant’s checks are to be paid, StoneX Financial Inc., and UMB Bank, N.A. or its bank affiliates (collectively, the “Bank”) and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments (“Checks”) against Applicant’s investment account (“Account”), **any one of the signatures on the Signature Card, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Checkwriting (the “Terms”), which may be forwarded to Applicant by broker from time to time. The Terms may be amended by the broker, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant’s agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the present-ment of Checks or other electronic debits drawn on the Account (collectively, “Debits”), to transmit such Debits to the Fund or its Transfer Agent or to StoneX Financial Inc. (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for checkwriting and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of checkwriting or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, StoneX Financial Inc. or the Bank within that time will preclude any claim against the Fund, StoneX Financial Inc. and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event the Fund, StoneX Financial Inc. or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.

Your Capital Resource money market brokerage account which has checkwriting does not offer FDIC insurance.

DIRECT PAY AUTHORIZATION (Copy information from the corresponding section of the Application for a record of your authorization.)

On _____ (date), I authorized the financial institution which issues my credit card to deduct my monthly credit card payments from my below referenced account. The payment amount will be either the minimum payment due or the new balance due as specified below. I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date. If this date falls on a non-bank business day, the payment will be deducted on the prior business day. I agree that if my account does not have sufficient funds on the day my credit card issuer attempts to deduct the payment, the deduction may not be made. I understand that my credit card issuer may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from my account. Until such time that payment is made, I understand I am responsible to make such payment and any other payments that may be due. If at any time I decide to stop the automatic payment, I will send my credit card issuer written notice to the address set forth below at least ten (10) days prior to the next scheduled payment date. I understand that I will receive my monthly credit card statement at least ten (10) days prior to the date the automatic payment will be made. That statement will constitute notice to me of the amount of the automatic payment.

The payment alternative I selected was:

- Minimum payment due New balance due
- My Capital Resource Account**

2	3	8	0	0	0														
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DISCLOSURE BOOKLET (Retain for your records)

DISCLOSURES OF CREDIT CARD RATES AND TERMS

Each Applicant authorizes the Issuer to obtain a credit report in connection with this Application and from time to time after the Account is established, the Issuer may verify that the Applicant(s) continues to qualify for the Account. Issuer may verify Applicant(s) credit, employment history and other information relating to the Applicant(s) and to answer questions about the Issuer's experience with each person. Each Applicant acknowledges and agrees that such information may be used to establish, administer or collect the Account requested by those signing this Application, or for any legitimate purpose relating to the Account. Each Applicant understands the Issuer will retain this Application whether or not it is approved. **By obtaining an Account and Card, you authorize Issuer to provide information to Federated Investors and StoneX Financial, Inc., concerning your Account and your use of your Account. Terms and Conditions Applicable to Brokerage Accounts:** By signing the Application and supplying a Brokerage account number on the Application, Applicant(s) further allows Issuer to obtain additional information regarding Applicant(s) financial status with INTL FCStone Financial, Inc.. Applicant(s) further requests that the Card(s) be simultaneously validated by Issuer and StoneX Financial Inc. at which Applicant(s) Brokerage account is maintained, so that such card may be used as a device to access ATMs. NOTE: THE SERVICES DESCRIBED IN THE TERMS AND CONDITIONS APPLICABLE TO BROKERAGE ACCOUNTS ARE APPLICABLE ONLY IF THE INDIVIDUAL(S) SIGNING THIS APPLICATION ARE AUTHORIZED SIGNERS ON THE DESIGNATED BROKERAGE ACCOUNT.

IMPORTANT COST INFORMATION about our Credit Card

INTEREST RATES AND CHARGES	
Annual Percentage Rate ("APR") for Purchases	9.99% This is a variable rate, as explained below.
APR for Cash Advances	14.99% This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	10.99% if your Balance Transfer is treated as a Purchase, or 14.99% if your Balance Transfer is treated as a Cash Advance. These APRs will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 21 days after the close of each billing cycle. We will not charge you interest on Purchases if you pay your entire balance by the due date each month. Generally, we will begin charging interest on Cash Advances and Balance Transfers on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://consumerfinance.gov/learnmore
FEES	
Annual Fee	None
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer Three percent (3%) of the amount of the Balance Transfer, with a \$15 minimum and no maximum. • Cash Advance Three percent (3%) of the amount of the Cash Advance, with a \$15 minimum and a \$50.00 maximum. • Foreign Transaction Two percent (2%) of the U. S. dollar amount of each Cash Advance or Purchase.
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to \$35 • Returned Payment Up to \$35 • Over the Credit Limit NONE

How We Will Calculate Your Balance: We use a method called the "average daily balance (including new purchases)".

How We Determine APRs: The Purchase and Cash Advance APRs are determined by adding a Margin to the Prime Rate. The Prime Rate is the highest Prime Rate published in the Wall Street Journal Money Rates on the fifteenth (15th) day of each month, or the next business day, if the 15th falls on a weekend or holiday. The APR for Purchases and Cash Advances will not exceed 25.00%.

Disclosure and Agreement:

To All Applicants: Applicant applies to UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("Issuer") for a credit card account ("Account") as indicated in this Application. If this application is accepted and credit card(s) issued, Applicant will be deemed to be in agreement with the cardholder agreement and disclosures that we send with the card(s).

The Applicant authorizes the Issuer to obtain a credit report in connection with this Application and from time to time after the Account is established, the Issuer may verify that the Applicant continues to qualify for the Account. Issuer may verify Applicant credit, employment history, and other information relating to the Applicant and to answer questions about the Issuer's experience with the Applicant. The Applicant acknowledges and agrees that such information may be used to establish, administer or collect the Account, or for any legitimate purpose relating to the Account.

Cardholder Agreement: For additional information about the costs and terms of the Account, see your Cardholder Agreement, which will be sent with the Card. The Cardholder Agreement and the Account will be governed by Missouri and applicable federal law, but we will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145. The Cardholder Agreement permits us to change the terms of this Account, including the rates, fees, and other credit terms, upon notice to cardholder and subject to the provisions of applicable law. Notice to Young Applicants: If you are under 21 years of age, Federal law prohibits us from approving your application for a credit card unless you demonstrate that you have the independent ability to make the required payments on your account or unless you provide a guarantor or cosigner. The guarantor or cosigner must be acceptable to us and must sign our form of guaranty agreement.

Important Information About Procedures for Opening A New Account: Our bank complies with Section 326 of the USA PATRIOT Act. This law mandates that we collect and verify certain information about you while processing your Account application. Please talk with a Bank representative if you have questions.

Important: Information about the costs of credit cards as shown in the Important Cost Information chart is accurate as of April 1, 2014, the date this document was printed. This information may have changed after that date. To find out what may have changed, call us at 855.368.0410 or write to us at UMB Bank, n.a., P.O. Box 419734, Kansas City, Missouri 64141-6734.