

Trading Authorization Limited to Purchase and Sales of Securities

Owner Name And Information

First Name	MI	Last Name
Account Title	Account #	

Authorized Trader Name And Information

Authorized Trader

First Name	MI	Last Name		
Relationship	Social Security Number	Date of Birth		
Address	City	State	Zip	Email
Mailing Address (if different from above, fill in below)	City	State	Zip	

Check here if you want Siebert to send duplicates of Monthly Statements and transaction confirmations to your Authorized Trader.

- The undersigned hereby authorizes _____ (whose signature appears below) as his agent and attorney-in-fact with full discretion, power and authority to sell (including short sales), purchase, exchange, convert, tender, trade, or otherwise acquire or dispose of stocks, bonds, and any other securities including the purchase and/or sale of option contracts (exchange traded or over-the-counter, puts, calls, etc.) to open new option positions or close existing positions, to exercise option contracts and to sell option contracts as either a covered or uncovered writer, and/or contracts relating to the same on margin or otherwise in accordance with your terms and conditions for the undersigned's account and risk in the undersigned's name and/or number on your books. The undersigned hereby agrees to indemnify and hold harmless from and to pay you promptly on demand any and all losses arising there from or debit balance due thereon.
- In all of the above described transactions you are authorized to follow the instructions of: _____ in every respect concerning the undersigned's account with you; and he is authorized to act for the undersigned and in the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do with respect to all other things necessary or incidental to the furtherance or conduct of such purchase, sale, or transactions.
- The undersigned hereby ratifies and confirms any and all transactions with you therefore or hereafter made by the aforesaid agent or for the undersigned's account.
- I acknowledge that I have authorized my agent and attorney in fact to engage in option transactions. I recognize that due to the short-term nature of options, you may be trading options to a greater degree than stocks or bonds. In that connection I understand I will be charged a commission each time a trade is effected. I further understand that option trading has a number of inherent risks connected therewith and I am fully prepared financially to undertake such risks.
- This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between the undersigned and your firm.
- This authorization and indemnity is also continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to you and delivered to you at 15 Exchange Place, Suite 800, Jersey City, NJ 07302 but such revocation shall not effect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall insure irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

Signatures and Dates Form cannot be processed without signatures and dates.

Print Account Holder <i>First, M.I., Last</i>	
Account Holder	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

▼ NOTARY SEAL / STAMP ▼

Print Joint Account Holder <i>First, M.I., Last</i>	
Joint Account Owner	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

▼ NOTARY SEAL / STAMP ▼

Print Authorized Agent <i>First, M.I., Last</i>	
AuthorizedAgent	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

▼ NOTARY SEAL / STAMP ▼