



STONEX FINANCIAL INC.
Gain Futures Division

CORPORATE ENTITY ACCOUNT QUESTIONNAIRE

Entity Name: _____ Legal Entity Identifier (LEI): _____
 Entity Address: _____
 Natural/Control Person: _____ Job Title: _____
 Email: _____ Telephone: _____
 Contact's relationship to Entity: Owner Officer Authorized Person

Please provide a detailed description of your core business activities, including the source of revenue.

AUTHORIZED PERSONS

Provide a list of all beneficial owners including their ownership percentage (must equal 100%). In addition, please list all persons who hold an executive or senior manager position, or who regularly perform similar functions. Attach additional sheets if necessary.

INDIVIDUAL OWNER INFORMATION

Name: _____ Ownership %: _____ Date of Birth: _____ User Login:
 Home Address: _____ Title: _____
 SSN/Passport: _____ Country of Passport Issuance: _____ Email: _____

Name: _____ Ownership %: _____ Date of Birth: _____ User Login:
 Home Address: _____ Title: _____
 SSN/Passport: _____ Country of Passport Issuance: _____ Email: _____

Name: _____ Ownership %: _____ Date of Birth: _____ User Login:
 Home Address: _____ Title: _____
 SSN/Passport: _____ Country of Passport Issuance: _____ Email: _____

ENTITY OWNER INFORMATION

Only applicable if a beneficial owner is an entity.

*Some Entities can have additional entities with financial ownership. If so, be sure to fill out each level of ownership as shown in the Operating Agreement. All owners with 100% or more interest must be listed for all entities.

Name: _____ Ownership %: _____
 Business Address: _____
 Tax ID: _____

Name: _____ Ownership %: _____
 Business Address: _____
 Tax ID: _____

Name: _____ Ownership %: _____
 Business Address: _____
 Tax ID: _____

FINANCIAL INFORMATION:

Intended Initial Deposit: _____ Annual Revenue: _____
 Total Assets: _____ Total Liabilities: _____

If the entity does not have any liabilities, please provide an explanation below.

Net Worth: _____ Liquid Net Worth: _____
 Do you have financial statements that are less than 12 months old? Yes No
 If no, please explain: _____



STONEX FINANCIAL INC.
Gain Futures Division

LEGAL HISTORY:

Has any senior corporate officer/principal ever been charged or convicted of a felonious crime which would potentially disqualify that person from registration with any regulatory agency? Yes No

Explain: _____

AFFIRMATION:

Are the deposited funds contributed solely by the entity and/or its principals/owners? Yes No

If yes, you affirm that all assets deposited or to be deposited in the account(s) are corporate proprietary funds resulting solely from:

- a. Paid in capital contributed by the firms owners/principals as disclosed in the customer application; and/or
- b. Net income and/or retained earnings resulting from regular business operations.

Customer Verification of Beneficial Ownership and Controller Attestation

Pursuant to the obligations prescribed by the Financial Crimes Enforcement Network ("FINCEN") in 31 CFR 1010.230 of the Customer Due Diligence Rule, and by the requirements of StoneX Financial Inc., FCM Division ("FCM") policies and procedures, the undersigned acknowledges on behalf of the Institution named below that:

1. It has provided StoneX Financial Inc., FCM Division accurate and up-to-date information of all individuals and/or entities that hold, directly or indirectly, a 10% or more equity interest in the named Institution; including but not limited to, the name and title of a Natural Person opening the account, name and address of the legal entity for which the account is being opened, signature, date and Legal Entity Identifier (Optional);
2. It has provided StoneX Financial Inc., FCM Division accurate and up-to-date information of at least one individual who currently has managerial control of the named Institution;
- 3. It will promptly notify StoneX Financial Inc., FCM Division of any changes regarding any individuals and/or entities that hold, directly or indirectly, a 10% or more equity interest in the named Institution;**
- 4. It will promptly notify StoneX Financial Inc., FCM Division of any change to the managerial control of the named Institution, which would require a newly named individual to be provided;**
5. The undersigned is authorized to sign on behalf of the Institution named below.

By signing this form you agree the information provided is correct, complete and truthful. FCM is not responsible for any information that was incorrectly disclosed to us. You authorize FCM to verify the veracity and accuracy of the information you provided which may include a background review of matters regulatory, civil and/or criminal in nature. You hereby release FCM from any and all liability of whatever kind and nature which, at any time, could result from reviewing information and making a decision to extend its services to you. By signing below, you attest that as long as the account at FCM is active, the corporate entity will remain active in the jurisdiction in which it was formed.

Print Name of Corporation or LLC

_____ Print Natural Person Name	_____ Title (if applicable)	_____ Signature	_____ Date
------------------------------------	--------------------------------	--------------------	---------------

_____ Print Natural Person Name	_____ Title (if applicable)	_____ Signature	_____ Date
------------------------------------	--------------------------------	--------------------	---------------