



DISCRETIONARY TRADING AUTHORIZATION / LIMITED POWER OF ATTORNEY

The undersigned hereby authorizes _____ as my agent and attorney-in-fact (the "Controller") , and revokes all prior powers of attorney relating to the undersigned's account at Marex NA, to buy, sell (including short sales and liquidations) and trade in commodities, security futures products, cash foreign currencies and metals and/or contracts relating to the same on margin or otherwise (collectively, "Commodities") in accordance with the terms and conditions for the undersigned's account held at Marex North America LLC (the "Company") and for the undersigned's risk.

The Company is authorized to follow and act upon all of the trading instructions of the Controller, who is authorized to act on the undersigned's behalf, in every respect to the undersigned's account with the same force or effect as the undersigned could act with respect to the account and Commodities transactions.

The undersigned will indemnify the Company and its members, officers, employees and agents and hold each of them harmless from any and all losses, costs, damages, liabilities and expenses of any kind or nature relating to any act or omission to act by the Controller for the undersigned's account or arising from this authorization, including but not limited to any debit balances in the undersigned's account. The undersigned understands and agrees that the Company does not, by implication or otherwise, endorse the Controller or its trading style or system in any way, the Company has no obligation to investigate any trade made by the Controller and the Company shall not be liable for any action or inaction by the Controller.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which the Company may have under any other agreement or agreements between the undersigned and the Company or at law or in equity.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned or withdrawn by the Controller, each in writing, addressed to and actually received by the Company at **222 W Adams Street, Suite 450, Chicago, Illinois 60606**, or the termination of the undersigned's account. Such revocation, withdrawal or termination shall not affect any liability in any way resulting from transactions or acts which give rise to indemnification hereunder initiated prior to such revocation, withdrawal or termination. This authorization and indemnity shall inure to the benefit of the Company, its members, officers, employees and agents and of any successors and assigns thereto (and their respective successor's and assigns, irrespective of any change or changes at any time in personnel thereof for any cause whatsoever. In the event the undersigned accounts with the Company are closed, for any reason, the Company is authorized to terminate this limited power of attorney.

Each of the undersigned ratifies any Commodities transaction made for the undersigned's account made prior or subsequent to the date of this authorization.

The undersigned understands that Commodities trading involves risk of loss and is not suitable for all investors. Each of the undersigned acknowledges that they have independently made the decision to grant this limited power of attorney and to grant the Controller authorization to place Commodities trades into the undersigned's account.

Signature

Controller Signature

If Joint Account, All Persons Must Sign

Controller Social Security Number or Tax ID

Date



Controller Information (Must be completed)

List **each person who controls** the trading of the account. This may be a natural person who exercises discretion or an employee who acts within his/her capacity as an employee of the legal entity which trades the account. There may be more than one Controller. **If more than one Controller, copy and attach additional sheets for each additional Controller. Please indicate which Controller is the primary trader by designating a "P" next to their name. All requested information is mandatory, if applicable.**

Account Controller:

Individual's Name: _____

Controller's Full Address: _____
(Address from where the trading is taking place)

Direct Phone Number: _____ Email Address: _____

Job Title/Position: _____ Employer Name: _____

Relationship to Account Owner: _____

Employer NFA ID # (if any): _____

Controller/Individual NFA ID # (if any): _____

Employer LEI Code (Legal Entity Identifier (if any): _____



Exemption from Registration as a CTA (if applicable)

Controller hereby represents and warrants to the Company that Controller has reviewed the registration requirements, as amended from time to time, of the Commodity Exchange Act, the Commodity Futures Trading Commission (“CFTC”), and the National Futures Association (“NFA”) relating to commodity trading advisors and is properly registered with the CFTC and a member of the NFA or is exempt from CFTC registration because of the following:

- _____ (a) Controller has provided advice to 15 or fewer persons during the past 12 months and does not hold itself out to the public as a CTA.
- _____ (b) Controller is a (1) dealer, processor, broker, or seller in cash market transactions or (2) nonprofit, voluntary membership, general farm organization providing advice on the sale or purchase of commodities and any trading advice is solely incidental to the conduct of this business.
- _____ (c) Controller is registered in another capacity and their advice is solely incidental to their principal business of profession.
- _____ (d) Controller is a relative of the customer. Describe: _____
- _____ (e) Controller is not a citizen of the United States, is located outside of the United States, and only solicits or exercises discretionary trading authority over non-United States persons.
- _____ (f) Other: _____

Disclosure Document Information (Must be completed)

Commodity Trading Advisors are required by CFTC Regulations and NFA Rules to furnish a disclosure document to customers, unless they have claimed an exemption from doing so. Please indicate which of the following are accurate:

- _____ (g) Controller has provided to the Customer valid disclosure document from the Controller. Please provide to the Company a copy of the document and the executed signature pages.
- _____ (h) Controller has not provided the Customer with a disclosure document.

Controller’s Agreement

Controller acknowledges that it has been designated as Customer’s agent and attorney-in-fact. Controller agrees to promptly notify the Company if the above representations change or become inaccurate in any way. Controller agrees to indemnify the Company and hold the Company harmless from any and all losses, costs, damages, liabilities and expenses, of any kind or nature relating to any act or omission to act of the Controller under this authorization. The Controller acknowledges and agrees that the Company shall not be liable for any action or inaction by the Controller.

Signature _____
Controller Signature

If Joint Account, All Persons Must Sign _____
Date

Authorization to send duplicate statements

I authorize Marex NA to send duplicate statements to service providers of the advisor.

Signature _____
Date

If Joint Account, All Persons Must Sign _____
Date