

ADM Investor Services,Inc. 1600A Board of Trade Building 141 W. Jackson Boulevard Chicago,IL 60604 T 312.242.7000 F. 312.242.7045

## LIMITED POWER OF ATTORNEY

Account Number

| LIIVII  | IILDF                                       | OWER OF ATTORNET  |   | Account Number.   |  |  |  |  |
|---|---|---|---|---|--|--|--|--|
| То:   | 141 \                                       | I Investor Services, Inc. and its affiliates<br>West Jackson Boulevard, Suite 1600A<br>ago, IL 60604                  | s, successors and   | assigns   |  |  |  |  |
| The undersigned hereby authorizes as its agent and attorney-in-fact ("Agent") to buy and sell and otherwise deal in commodities, commodity futures, options of commodity futures, and foreign exchange instruments for the undersigned's account and risk. The undersigned hereby agrees to indemnify and hold you harmless from all loss, cost, indebtedness and liabilities arising therefrom.  |   |   |   |   |  |  |  |  |
| of the<br>other<br>same<br>as wi  | e afores<br>rwise pr<br>force a<br>th respe | raid Agent in every respect concerning rovided, our Agent is authorized to act and effect as the undersigned might or | the undersigned<br>for the undersigi<br>could do with re<br>dental thereto, e | spect to such purchases and sales as well xcept that our Agent is not authorized to |  |  |  |  |
|   | _   | gned hereby ratifies and confirms any a<br>aforesaid Agent on behalf of or for the                                    |   | •   |  |  |  |  |
|   |   | cation and indemnity is in addition to (a<br>any other agreement between you and                                      | •   | nits or restricts) any rights which you may<br>I.                                   |  |  |  |  |
| This authorization and indemnity is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written noticed addressed to you and delivered to you at the above address, but such revocation shall not affect your liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to your benefit and that of your successors and assigns. |   |   |   |   |  |  |  |  |
|   |   |   |   | Joint Authorization (if applicable)   |  |  |  |  |
|   | Date:                                       |   | Date:   |   |  |  |  |  |
| Sigi  | nature:                                     |   | Signature:  |   |  |  |  |  |
| Print   | Name:                                       |   | Print Name:   |   |  |  |  |  |

|        |             | WER OF ALLO  |              | Account Number:  |
|--------|-------------|--|--------------|--|
|        |             | - to be completed  | •            |  |
| Chec   | k One:      | ☐ INDIVIDUAL   |              | LEGAL ENTITY Tax ID (EIN or SSN):  |
|        |             |  |              | Name of Account Controller   |
|        |             |  |              | Traine of Albourit Controller  |
|        |             |  |              |  |
|        |             |  |              | Address, City, State/Country, Zip/Postal Code  |
|        |             |  |              |  |
|        |             | Pł   | none         | Email address  |
|        |             |  |              |  |
|        |             |  |              |  |
|        |             | a <b>direct number, <u>witl</u><br/>ents should also provi</b> |              | lephone extension.<br>nternational area code.  |
|        |             |  |              | NFA (if applicable):   |
|        |             |  |              | LEI (if applicable):   |
|        |             | Website Ad   | ldress (if a | ny) NFA ID/ Legal Entity Identifier - LEI (if any)   |
| If the | Controlle   | er is an entity, plea  | se provid    | e the following:   |
|        |             |  |              |  |
| Indivi | dual Cont   | act Name:  |              |  |
| Job Ti | itle:       |  |              | Contact Phone:   |
|        |             |  |              | *Please provide a <b>direct number, <u>without</u> any telephone extension.</b> ** <b>Non-US</b> respondents should also provide a valid <b>international area cod</b> e |
|        |             |  |              |  |
| Conta  | ict Email / | Address:   |              |  |
|        |             |  |              | ^^^^^^^  |
| _      |             | _  |              | requirements of the Commodity Exchange Act and the membership requirements of the  |
|        |             |  | -            | relating to commodity pool operators and commodity trading advisors, and hereby  |
| •      |             |  |              | Inc. that Agent falls under one of the following categories below. Please enter an "X" in  |
| the    | applicat    | ole box below tha  | at applies   | to you:  |
|        | Agent (     | loes not engage  | in activiti  | es requiring registration and will notify ADMIS immediately if at any time this statement  |
|        | change      | 0 0  | iii activiti | es requiring registration and will notify ADIVID infinediately if at any time this statement   |
|        | Change      | 3.   |              |  |
|        | Agent is    | properly registe   | red with     | the National Futures Association.  |
|        | J           | , .  |              |  |
|        | Is exem     | pt from CFTC Reg   | gistration   | under section:   |
|        |             |  |              |  |
|        |             |  |              |  |
|        |             |  |              | ts that it is now, and will remain during the term of this authorization, in compliance with   |
|        |             | •  | •            | nts of the Commodity Exchange Act and the membership requirements of the National  |
|        |             | •  | •            | will notify ADM Investor Services, Inc.'s Compliance Department by email:  |
| con    | npliance    | @admis.com; or   | by phone     | e (312) 242-7000 if any of the above statements change:  |
|        |             |  |              |  |
|        |             |  |              |  |
|        |             |  | Date:        |  |
|        |             |  |              |  |
|        |             | Sig  | nature:      |  |
|        |             |  |              |  |
|        |             | Print  | Name:        |  |

## **CONTROLLER IDENTIFICATION SUPPLEMENT**

| Account Number |            |
|----------------|------------|
| Office Code    | Sales Code |

THE FOLLOWING INFORMATION WILL BE NECESSARY TO FULFILL POTENTIAL CFTC REPORTING REQUIREMENTS. (FORM 102 AND LARGE TRADER)

Please complete the Control information below. It is imperative that you provide this information promptly to ensure that your account(s) remains in compliance with the CFTC.

| Account Name:               |  |  |  |
|-----------------------------|--|--|--|
|                             | ~ /  | Attach additional sheets if necessary ~          |  |
| Account Controller(s):      |  | control the trading of the account               |  |
|                             | Report all persons who   | control the trading of the account               |  |
| <mark>#1</mark><br>         |  |  |  |
|                             |  |  |  |
| Address, City, State/Countr | y, Zip/Postal Code:  |  |  |
| Name of Employer:           |  |  |  |
| Employer NFA ID (if any):   |  | Employer Legal Entity Identifier - LEI (if any): |  |
| Job Title:                  |  | Relationship to Owner:                           |  |
| Contact Phone:              |  | Controller NFA ID (if any):                      |  |
|                             | <b>direct number, <u>without</u> any telepl</b><br>ents should also provide a valid <b>int</b> |  |  |
| Contact Email Address:      |  |  |  |
| <mark>#2</mark>             |  |  |  |
| Name:                       |  |  |  |
| Address, City, State/Countr | y, Zip/Postal Code:  |  |  |
| Name of Employer:           |  |  |  |
| Employer NFA ID (if any):_  |  | Employer Legal Entity Identifier - LEI (if any): |  |
| Job Title:                  |  | Relationship to Owner:                           |  |
| Contact Phone:              |  | Controller NFA ID (if any):                      |  |
|                             | <b>lirect number, <u>without</u> any telepl</b><br>ents should also provide a valid <b>int</b> |  |  |
| Contact Email Address:      |  |  |  |
|                             |  | ~ Attach additional sheets if necessary ~        |  |
|                             | Date:  |  |  |
|                             | Signature:   |  |  |
|                             | Print Name:  |  |  |
|                             | i ilit ivallie.  |  |  |

In November 2013, the U.S. Commodity Futures Trading Commission ("CFTC") finalized new rules for Ownership and Control Reporting ("OCR") which significantly expanded the reporting requirements for US FCMs and their clients under CFTC Regulation Part 17 CFR 17.01(a), 17.01(b) and 20.5. In accordance, ADM Investor Service, Inc. (ADMIS) is required to obtain the above information with regard to the ownership and control of clearing accounts at ADMIS. This rule officially becomes effective in August 2014.