

Attached is the condensed version of Straits Financial LLC's Partnership Account Documents. The following list of pages are the only ones that will need to be filled out, signed, and returned to us.

The following are steps to help guide you through the process:

Page 5: Complete all information that is being asked about the partnership. Near the bottom of the page, answer the questions pertaining to your past trading experience.

Page 6: List the names and titles of each general partner within the partnership and list all required info for each authorized owner of the partnership.

Page 7: Please fill in all needed information for each person that will be an authorized trader on the account.

Page 8: Please fill in all needed information for each person that is considered an authorized signer for the partnership.

Page 9: Check the Yes/No boxes for each question under the additional information section. Please specify if you wish to receive your statements electronically or mailed **AND** if you would like to include any additional recipients for duplicate statements. Then Sign your name in the Signature 1 Box, Print Name and Date. Please note, there is a \$1.50 fee for each hard copy statement that is issued.

Page 14: All account holders must Sign Name, Print Name & Date this page to confirm to the terms of this customer agreement.

Page 15: List the names of the officers, titles and provide signatures in the top section and then fill in today's date on the line under letter "j". Then sign your name in the Signature 1 box, print name, and date.

Page 19: Check the top box "Attempts to contact the undersigned for instructions...". Next, fill in the specific commodities that you will be hedging. Under Justification write "Farming", then Sign name in the Signature 1 Box, Print name & Date.

Page 22: Check each box AND INITIAL confirming your acknowledgement of each disclosure document pertaining to your trading account. Sign your name in the Signature 1 Box, Print name and Date.

Page 23: Complete W-9 and Sign and date.

- Next is the Certification of Beneficial Owner(s). You will need to fill in the very top part, Section I and Section II with your information and then sign and date at the bottom. If anyone else owns 25% or more of the LLC, they will need to list their information in the Additional Section I - Second Beneficial Owner, next owner in the Third Beneficial Owner, etc.
- Next is the ACH Authorization Form that needs to be filled out to process incoming and outgoing ACH cash transactions to/from your trading account electronically. These types of transactions are only processed once we have your approval to do so first. Please fill in your bank information and then Sign and Print your name at the bottom of the page. We will also need a copy of a VOIDED Check pertaining to the bank account number you list.
- Next is the Additional Risk Disclosure Document. If any of the listed criteria at the top of the page pertains to the Individual(s) or the entity, please sign in the Signature 1 Box, Print name, and date.
- Next is the Statement of Ownership and Control. If the Partnership agreement does not specify the breakdown in ownership/shares, please complete this page. Have all owners sign their name, print, list title, and date.
- **Lastly, we will need a copy of the Partnership Agreement as well as a copy of the Balance Sheet for the partnership.**

If you have any questions please do not hesitate to let us know.

Thank you and we look forward to doing business with you soon!

GENERAL OR LIMITED PARTNERSHIPS, PERSONAL TRUSTS, IRA, KEOGH PLAN, PENSION OR PROFIT SHARING TRUSTS OR PLANS

All fields must be completed. Please indicate N.A if it is not applicable.

Account Rep	
Office Code	Sales Code

Account Type (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> IRA or Keogh Plan |
| <input type="checkbox"/> Personal Trust | <input type="checkbox"/> Pension Trust/Plan | <input type="checkbox"/> Profit Sharing Trust |

Account Designation (check all that apply)

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Hedge | <input type="checkbox"/> Speculation |
|--------------------------------|--------------------------------------|

Customer Name

Nature of Business

Tax ID #

Principal Office Address

Street

City	State	Zip	Country
------	-------	-----	---------

Telephone #	Fax #	E-mail	Website
-------------	-------	--------	---------

Mailing Address if different from Principal Office

Street

City	State	Zip	Country
------	-------	-----	---------

Telephone #	Fax #	E-mail	Website
-------------	-------	--------	---------

Financial Information (If applicable, please also submit current audited financials)

Please note, financial information provided below should be that of the entity, trust, or IRA, not the underlying individual(s).

Annual Income	Liquid Assets	Net Worth
---------------	---------------	-----------

References

Bank Name	Contact Person	Telephone #
-----------	----------------	-------------

Address

Trading Experience - (check all that apply)

Years of Experience with

List firm where you have traded and if the account(s) is active.

- | | | | |
|-----------------------|-------|--------|--------------------------|
| a. Futures | _____ | Active | <input type="checkbox"/> |
| b. Options on Futures | _____ | 1. | <input type="checkbox"/> |
| a. Foreign Exchange | _____ | 2. | <input type="checkbox"/> |
| a. Securities/Bonds | _____ | 3. | <input type="checkbox"/> |

Name(s) of each General Partner, Trustee, or other Authorized Designee authorized to act on behalf of Applicant:

1. First Name	Last Name	Title
_____	_____	_____
2. First Name	Last Name	Title
_____	_____	_____
3. First Name	Last Name	Title
_____	_____	_____
4. First Name	Last Name	Title
_____	_____	_____

AUTHORIZED OWNER(S) INFORMATION

Owner Information

Full Name	Email	Date of Birth	SSN or Government ID
_____	_____	_____	_____
Address		City	State
_____		_____	_____
Telephone #		Zip	Country
_____		_____	_____

Owner (2) Information

Full Name	Email	Date of Birth	SSN or Government ID
_____	_____	_____	_____
Address		City	State
_____		_____	_____
Telephone #		Zip	Country
_____		_____	_____

Owner (3) Information

Full Name	Email	Date of Birth	SSN or Government ID
_____	_____	_____	_____
Address		City	State
_____		_____	_____
Telephone #		Zip	Country
_____		_____	_____

Owner (4) Information

Full Name	Email	Date of Birth	SSN or Government ID
_____	_____	_____	_____
Address		City	State
_____		_____	_____
Telephone #		Zip	Country
_____		_____	_____

AUTHORIZED TRADER(S) INFORMATION

Authorized Trader Information

Full Name	Email	Date of Birth	SSN or Government ID
<hr/>	<hr/>	<hr/>	<hr/>
Address		City	State
<hr/>		<hr/>	<hr/>
Telephone #		Zip	Country
<hr/>		<hr/>	<hr/>
Job Title		Employer Name	
<hr/>		<hr/>	<hr/>

Authorized Trader (2) Information

Full Name	Email	Date of Birth	SSN or Government ID
<hr/>	<hr/>	<hr/>	<hr/>
Address		City	State
<hr/>		<hr/>	<hr/>
Telephone #		Zip	Country
<hr/>		<hr/>	<hr/>
Job Title		Employer Name	
<hr/>		<hr/>	<hr/>

Authorized Trader (3) Information

Full Name	Email	Date of Birth	SSN or Government ID
<hr/>	<hr/>	<hr/>	<hr/>
Address		City	State
<hr/>		<hr/>	<hr/>
Telephone #		Zip	Country
<hr/>		<hr/>	<hr/>
Job Title		Employer Name	
<hr/>		<hr/>	<hr/>

Authorized Trader (4) Information

Full Name	Email	Date of Birth	SSN or Government ID
<hr/>	<hr/>	<hr/>	<hr/>
Address		City	State
<hr/>		<hr/>	<hr/>
Telephone #		Zip	Country
<hr/>		<hr/>	<hr/>
Job Title		Employer Name	
<hr/>		<hr/>	<hr/>

AUTHORIZED SIGNER(S) INFORMATION

Authorized Signer Information

Full Name	Email	Date of Birth	SSN or Government ID
Address		City	State
Telephone #		Zip	Country

Authorized (2) Signer Information

Full Name	Email	Date of Birth	SSN or Government ID
Address		City	State
Telephone #		Zip	Country

Authorized Signer (3) Information

Full Name	Email	Date of Birth	SSN or Government ID
Address		City	State
Telephone #		Zip	Country

Authorized Signer (4) Information

Full Name	Email	Date of Birth	SSN or Government ID
Address		City	State
Telephone #		Zip	Country

ADDITIONAL INFORMATION

1. Does any other person or entity have any direct or indirect ownership in the entity opening this futures account? If Yes, list name(s) and ownership(s): ☐ Yes ☐ No
-
2. Does Applicant(s) control the trading in any other Straits Financial LLC account? If Yes, please list Names & Account Numbers: ☐ Yes ☐ No
-
3. Is Applicant(s) regulated by any financial services government regulators? If Yes, please specify: ☐ Yes ☐ No
-
4. Is Applicant(s) or any of its Principals or Affiliates presently a Member of any Exchange? If Yes, list Exchanges and Membership type(s): ☐ Yes ☐ No
-
5. Will the account be Traded or Managed by anyone else under Power of Attorney? If Yes, Please list Power of Attorney and complete enclosed POA documents: ☐ Yes ☐ No
-
6. Does Applicant(s) have or ever had any litigation, arbitration, disputed accounts, unpaid debit balances or unresolved matters with any futures or securities brokers or foreign currency dealers or has bankruptcy been filed? If Yes, please provide details in a separate attachment. ☐ Yes ☐ No

MODE OF DELIVERY FOR TRADE AND MONTHLY STATEMENTS

Unless you specifically choose hard copy mailed statements, all Trade and Monthly Statements and any correspondence from Straits will be sent to you via the email address listed on this application. **You may revoke your consent to receive statements electronically at any time.** A processing charge will apply to hard copy mailings at a rate of \$1.50 per mailed paper statement.

Please check one:

☐

Electronic

☐

Hard Copy

Send Duplicate Statements to:

Name

Relationship to Applicant(s)

Email

Address

City

State

Zip

Country

PLEASE READ AND SIGN BELOW**ALL ACCOUNT HOLDERS MUST SIGN**

THE UNDERSIGNED APPLICANT(S) CONFIRMS TO STRAITS FINANCIAL LLC THAT THE FOREGOING INFORMATION CONTAINED IN THIS APPLICATION FORM AND ANY INFORMATION SEPARATELY PROVIDED HERewith IS TRUE AND CORRECT. THE APPLICANT(S) AGREES TO NOTIFY STRAITS FINANCIAL LLC IN THE EVENT THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM OR SEPARATELY PROVIDED HERewith CHANGES.

Signature 1

✕

Print Name

Title (if applicable)

Date

Signature 2

✕

Print Name

Title (if applicable)

Date

31. Amendments.

This Agreement shall only be amended or modified in a written instrument signed by an authorized officer of Straits. Straits may unilaterally amend this Agreement by providing at least seven days advance notice to Customer. Customer agrees to, and accepts any amendments made by Straits and delivered to Customer unless Customer informs Straits of Customer's non-acceptance of the amendments within seven days of receipt.

32. Assignment.

This Agreement is not assignable by Customer. Subject to Applicable Law, Straits may assign this Agreement without Customer's prior consent.

33. Notice.

All communications, reports, statements, monies, securities, negotiable instruments, and other property shall be mailed or otherwise transmitted to Customer at Customer's account mailing address as shown on the Agreement or to such other address as may have been designated in writing, and all communications so sent shall be deemed received by Customer personally at the time so sent whether actually received or not.

34. Jurisdiction & Waiver of Jury Trial.

Customer hereby acknowledges and agrees that this Agreement is deemed made in the State of Illinois. Subject to the terms of any applicable arbitration agreement between Customer and Straits, Customer hereby submits and consents to the exclusive jurisdiction of the state and federal courts located within Chicago, Illinois. **CUSTOMER HEREBY WAIVES TRIAL BY JURY IN ANY SUCH ACTION OR PROCEEDING.** If Customer has agreed that any controversy arising out of this Agreement shall be arbitrated, Customer agrees the arbitration shall be conducted in Chicago, Illinois.

35. Customer Funds Held Outside the US.

By depositing funds directly into a Straits Customer Segregated or Customer Secured bank account held outside of the United States, Customer acknowledges and authorizes that Customer funds may be held at such depository within such non-U.S. country.

36. Bunched Orders; Average Pricing.

Customer consents to having its discretionary orders bunched for execution with discretionary orders of other customers. Customer further consents to having its trade executions average priced with the trade executions of the other orders included in the bunched order. Customer understands the average price may not be the actual execution price.

THE UNDERSIGNED CUSTOMER HAS REVIEWED AND HEREBY AGREES TO THE TERMS OF THIS CUSTOMER AGREEMENT.

All account holders must sign.

Signature 1

X

Print Name

Title (if applicable)

Date

Signature 2

X

Print Name

Title (if applicable)

Date

PERSONAL GUARANTEE

GUARANTOR'S INFORMATION

Full Name

Address

City	State	Zip	Country if not U.S.A.
------	-------	-----	-----------------------

Date of Birth	Social Security #	Telephone #	E-Mail
---------------	-------------------	-------------	--------

Employer	Work Telephone #
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Employer Address	Occupation
------------------	------------

City	State	Zip	Country if not U.S.A.
------	-------	-----	-----------------------

Years of experience:

List firm where you have traded and if the account(s) is active.

a. Futures			Active
b. Options on Futures		1.	<input type="checkbox"/>
a. Foreign Exchange		2.	<input type="checkbox"/>
a. Securities/Bonds		3.	<input type="checkbox"/>

Annual Income	Liquid Assets	Net Worth (Excluding Home)
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In order to induce Straits Financial LLC ("Straits") to enter into the Customer Agreement, to which this Personal Guarantee is attached, with _____, referred to therein as Customer, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby, jointly and severally in the case of multiple guarantors, personally guarantee the prompt, full and complete performance of any and all of the duties and obligations of Customer and the payment of any and all damages, costs and expenses (including without limitation reasonable attorneys fees and expenses) which may become recoverable by Straits from Customer. This Personal Guarantee shall remain in full force and effect until the termination of the Customer Agreement and the satisfaction of all of Customer's obligations thereunder; provided, however, that the undersigned shall not be released from the undersigned's obligations hereunder so long as any claim of Straits against Customer which claim arises out of or relates to, directly or indirectly, said Customer Agreement is not settled or discharged in full. All monies, securities, negotiable instruments, open positions in Commodity Interests (as defined in the Customer Agreement) or other property now or at any future time that are on deposit with Straits in Guarantor's account, for any purpose, including safekeeping, are hereby pledged to Straits and shall be subject to a security interest in Straits' favor for the discharge of all Guarantor's obligations to Straits. The undersigned hereby expressly waives notice of acceptance hereof, and of non-performance, in any respect, by Customer of any of its duties or obligations, as aforesaid.

This Personal Guarantee shall inure to the benefit of Straits, its successors and assigns, and shall be binding on the undersigned, and the undersigned's heirs, administrators, legal representatives and assigns.

Signature 1

X

Print Name

Date

Signature 2

X

Print Name

Date

HEDGE AGREEMENT

Unless specified in writing to the contrary, Customer represents, warrants and covenants that all orders and transactions for the purchase or sale of any of the following commodities, commodity futures, and option contracts for Customer's account are "hedging" transactions and positions as defined in Commodity Futures Trading Commission Regulation 1.3(z), as that regulation currently exists and as it may hereafter be amended. These transactions are not for speculation.

Customer represents and warrants to Straits that Customer is familiar with all laws, rules and regulations concerning hedging. Customer understands that this hedge agreement must be terminated, if at all, in writing. CFTC Regulations require that Straits provide an opportunity for Customer to specify when entering into its first hedging transaction whether, in the event of Strait's insolvency, the Customer prefers that open commodity contracts held in a hedging account be liquidated by the trustee. Thus, Customer must indicate below Customer's preference if such an unlikely event were to occur.

Customer prefers that, in the unlikely event of Straits' insolvency, the trustee:
(check one)

- ☐ Attempts to contact the undersigned for instructions as to the disposition of the open contracts in the indicated hedge account
- ☐ Liquidates open commodity contracts in the undersigned's hedge account without seeking instructions.

Commodities to be traded in this account for bona fide hedging purposes only, include (list all that apply):

Commodity

Economic Justification


All account holders must sign.

Signature 1 

Print Name

Title (if applicable)

Date

Signature 2 

Print Name

Title (if applicable)

Date

DISCLOSURE BOOKLET ACKNOWLEDGEMENT

Read through the Straits Financial LLC Disclosure Booklet and acknowledge all disclosure statements by initialing the corresponding boxes and signing below. Please retain a copy of the disclosure booklet and this acknowledgement for your records.

DISCLOSURE BOOKLET TABLE OF CONTENTS		
<input type="checkbox"/>	Risk Disclosure Statement For Futures and Options	page 2
<input type="checkbox"/>	Disclosure of Futures Commission Merchant Material Conflicts of Interest	page 4
<input type="checkbox"/>	Disclosure Statement For Non-Cash Margin	page 4
<input type="checkbox"/>	Electronic Trading and Order Routing Systems Disclosures	page 5
<input type="checkbox"/>	Futures Cross Trade Consent	page 5
<input type="checkbox"/>	Foreign Trader Disclosure Statement	page 6
<input type="checkbox"/>	Position Limit and Large Open Position Reporting Requirements For Options And Futures Traded On Hong Kong Exchanges	page 7
<input type="checkbox"/>	Notice to Customers: Exchange For Related Positions	page 8
<input type="checkbox"/>	Standards of Market Conduct Guidelines	page 9
<input type="checkbox"/>	Foreign Board Of Trade Agreement for US Customers	page 10
<input type="checkbox"/>	Singapore Client Disclosure (Does not apply to US customers)	page 10
<input type="checkbox"/>	NFA Investor Advisory - Futures on Virtual Currencies Including Bitcoin	page 11
<input type="checkbox"/>	Customer Advisory: Understand the Risks of Virtual Currency Trading	page 12
<input type="checkbox"/>	General Data Protection Regulation (GDPR) Privacy Notice	page 13
<input type="checkbox"/>	Privacy Policy	page 17

CUSTOMER ACKNOWLEDGEMENT

The undersigned Customer acknowledges and accepts the above initialed disclosure statements.

All account holders must sign

<div>Signature 1</div> <div> <div></div> <div>X</div> </div>	<div>Signature 2</div> <div> <div></div> <div>X</div> </div>
<div>Print Name</div> <div></div>	<div>Print Name</div> <div></div>
<div>Title (if applicable)</div> <div></div>	<div>Title (if applicable)</div> <div></div>
<div>Date</div> <div></div>	<div>Date</div> <div></div>

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign
Here**

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
<hr/>			
4. Name and type of Legal Entity for Which the Account is Being Opened			
<hr/>			
4a. Legal Entity Address	4b. City	4c. State/Country	4d. ZIP/Postal Code
<hr/>	<hr/>	<hr/>	<hr/>

SECTION I

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here ☐ if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>
9. Address	10. City	11. State/Country	12. Zip Postal Code
<hr/>	<hr/>	<hr/>	<hr/>
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
<hr/>	<hr/>	<hr/>	

15a. Country of issuance:

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

ADDITIONAL SECTION I - SECOND BENEFICIAL OWNER (IF REQUIRED)

16. Last Name	17. First Name	18. M.I.	19. Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>
20. Address	21. City	22. State/Country	23. Zip Postal Code
<hr/>	<hr/>	<hr/>	<hr/>
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
<hr/>	<hr/>	<hr/>	
		26a. Country of issuance: <hr/>	

ADDITIONAL SECTION I - THIRD BENEFICIAL OWNER (IF REQUIRED)

27. Last Name	28. First Name	29. M.I.	30. Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>
31. Address	32. City	33. State/Country	34. Zip Postal Code
<hr/>	<hr/>	<hr/>	<hr/>
35. Country	36. SSN (U.S. Persons)	37. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
<hr/>	<hr/>	<hr/>	
		37a. Country of issuance: <hr/>	

ADDITIONAL SECTION I - FOURTH BENEFICIAL OWNER (IF REQUIRED)

38. Last Name	39. First Name	40. M.I.	41. Date of Birth
42. Address	43. City	44. State/Country	45. Zip Postal Code
46. Country	47. SSN (U.S. Persons)	48. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
		48a. Country of issuance:	

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer) or and other individual who regularly performs similar functions.

49. Last Name	50. First Name	51. M.I.	52. Date of Birth
53. Address	54. City	55. State/Country	56. Zip Postal Code
57. Country	58. SSN (U.S. Persons)	59. For Non-U.S. Persons (SSN, Passport Number, or other similar identification number)	
		59a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

By signing below the undersigned certifies, to the best of their knowledge, that the information provided above is complete and correct.

Signature 1

X

Print Name

Title (if applicable)

Date



Date: _____

- ☐ Initial Authorization – Complete bank information & enclose copy of voided check.
- ☐ Revised Authorization – Complete bank information & enclose copy of voided check.
- ☐ Rescind Authorization – Sign at bottom of letter only.

To Whom It May Concern:

This letter authorizes Straits Financial LLC (“SF LLC”) to initiate ACH transactions to withdraw funds from the following bank account for deposit in to my trading account with SF LLC. My banking information is as follows:

Account Name: _____

Account Number: _____

Bank Name: _____

Bank ACH Routing #: _____ (on the bottom of a check)

Bank Account #: _____

I understand that either my broker or I will need to remit a request each time to treasury@straitsfincial.com to initiate such transactions, and that I need to maintain sufficient funds in this account to cover such requests when processed by the bank. Furthermore, I understand that by signing this authorization and agreeing to the above stipulations, SF LLC can credit the funds to my SF LLC trading account on the day that the transaction is initiated by them in the banking system.

This authorization will remain in effect until either modified or rescinded by the customer or until I close my trading account with SF LLC. In order to modify or rescind this authorization, I acknowledge that a new authorization will need to be provided to SF LLC via email at treasury@straitsfincial.com.

Thank you,

X _____

X _____

Print Name – Customer

Print Name & Title – SF LLC Personnel

Straits Financial LLC

(A member of the CWT Group)

One Financial Place Floor 39 Chicago IL 60605

T . +1.312.462.4499 F . +1.312.461.1003 E . info@straitsfincial.com

W . www.straitsfincial.com

Statement of Ownership and Control

To Whom It May Concern,

Please be advised that _____ is engaging in the business of _____, at
Name of Entity Nature of Business
_____ and the ownership is controlled by the following individuals:
Location

Name

% Owned

Please be further advised that the officers of _____ are:

Name

Title

We further authorize the use of futures and options as a part of the normal operation of _____. I/We, the undersigned, confirm that the foregoing information is true and accurate to the best of our knowledge. I/We agree to notify Commodity Risk Management Group (CRMG) in the event that any of the information should change.

Authorized Signer(s) for the Entity:

Signature _____

Signature _____

Print _____

Print _____

Title: _____

Title: _____

Date _____

Date _____

Signature _____

Print _____

Title : _____

Date _____

ADDITIONAL RISK DISCLOSURE STATEMENT GUIDELINES

When opening a customer account which meets one or more of the criteria below, then an additional risk disclosure must be provided to the customer. This disclosure must be signed and returned with the account opening documents. Please check off any criteria applicable to the customer account below. In addition to the factors below, Straits Financial LLC ("Straits") may review account applications on a case by case basis for the purpose of determining if an additional risk disclosure is necessary. If you have any concerns or questions about issuing an additional risk disclosure, please contact an individual in Straits' Compliance or New Accounts Department.

Individual or Joint Accounts

- ☐ 1. Individual or joint applicants have less than six (6) months of combined (if applicable) trading experience over all categories listed within the account application.
- ☐ 2. Annual Income less than \$25,000.
- ☐ 3. Liquid Assets less than \$25,000.
- ☐ 4. Net Worth less than \$50,000.

Corporate Accounts

- ☐ 1. Annual Income less than \$50,000.
- ☐ 2. Liquid Assets less than \$50,000.
- ☐ 4. Net Worth less than \$100,000.

ADDITIONAL RISK DISCLOSURE STATEMENT

Straits is providing you with an additional risk disclosure before you open a commodity future and option trading account to ensure the risks associated with trading are fully understood.

Only risk capital should be used when depositing funds into your trading account. Risk capital is money that can be lost without jeopardizing ones financial security or lifestyle. Leverage is used in futures trading. The high degree of leverage that is obtainable in futures trading because of the small margin requirements can work against you as well as for you. The use of leverage can lead to large losses as well as gains.

Straits recommends that you fully review the risk disclosure statement within the customer agreement and discuss any concerns with your Straits Representative or Introducing Broker. Additionally, these individuals can answer questions about futures and options trading and direct you to educational information.

By signing below you acknowledge that the funds you have committed are purely risk capital and loss of your investment will not jeopardize your style of living nor will it detract from your future retirement program. Additionally, you fully understand the nature and risks of futures and options investments and have thoroughly read and understood all risk disclosure statements.

I hereby acknowledge that I have received and understood this risk disclosure statement.

All account holders must sign.

Signature 1

✕

Print Name

Title (if applicable)

Date

Signature 2

✕

Print Name

Title (if applicable)

Date