## **Additional Account Request**

Dear Sir or Madam,

The undersigned ("Customer") hereby authorizes and directs FCStone, LLC (FCStone) to open a new account using all existing documentation, including but not limited to, agreements and risk disclosure acknowledgements, maintained and existing on file with FCS. Customer represents that all personal information contained within existing documentation is materially correct.

Customer understands and acknowledges that FCS may aggregate all cash, positions, securities, and other property held in each of Customer's accounts for purpose of margin.

Further, Customer acknowledges that his/her separate accounts will not contain long positions in one account and offsetting short positions in another account, unless such accounts are independently traded or both accounts are Hedge accounts. Customer acknowledges and understands that there are limitations in the ability to transfer positions between accounts that result in an offsetting transaction, and that FCS may not be able to process such transactions.

Reas	son for additional account(s):	
Main	n Account Number:	Broker:
Nun	nber of subaccounts requested:	
Will	I this account(s) be traded as \( \square\$ Spec	culative Account(s) or $\square$ Hedge Account(s)
acco	ount), another individual not listed on the	ed on your behalf by anyone <u>other than</u> yourself (if individual e account (if joint account), or an authorized employee (if  No
If ye	es, name of controller*:	
	* Please also fill out the appropriate	Managed Account Authorization form and include
Gro	ouping of the new account with the	existing account(s):
	I request that my accounts be grouped u	nder a group account to produce one net margin call.
6 8 1	I request that my accounts be kept separate for margining purposes. I realize that with this method excess funds in one account will not automatically be applied to or cover margin calls or debits in a second account. I additionally realize that even though a specific account may show excess funds, FCStone, LLC is required by regulation to take all accounts for a customer into effect in determining if excess funds are available.	
Acco	ount Name:	
Sign	ature:	Signature:
Printed Name:		Printed Name:
Date	:	
INT	ERNAL APPROVAL	
CSC	Acct Management Approval:	Date:
Account Setup Review:		Date: