

LIMITED POWER OF ATTORNEY

I hereby authorize _____ (whose signature appears below) as my agent and attorney-in-fact to buy, sell (including short sales and liquidation) and trade in commodities and/or contracts relating to the same on margin or otherwise in accordance with your terms and conditions for my account and risk and in my name, or number on your books. I hereby agree to indemnify and hold you harmless from and to pay you promptly on demand any and all losses, costs, indebtedness, and liabilities arising therefrom or debit balance due thereon.

In all such purchases, sales, trades or liquidation you are authorized to follow the instructions of said agent and attorney-in-fact in every respect concerning my account with you; and (s)he is authorized to act for me and in my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by the aforesaid agent on behalf of or for my account.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between your firm and me.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by me by a written notice addressed to and actually received by you at your office at **216 West Jackson Boulevard, Suite 400, Chicago, Illinois 60606**, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firms irrespective of any change or changes at any time in personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

I understand that I certify that I have the financial resources to enter into this agreement, and trading objectives have been explained to me.

Dated

Signature

(City) (State)

If this is a Joint Account, all persons must sign

Witness

Signature of Account Controller

Account Controller Information (Must be completed)

Address for Notices _____

Telephone Number _____

Nature of Business/Employer _____

Social Security Number or Tax ID Number _____

ACCOUNT CONTROLLER DISCLOSURE/EXEMPTION

(For Discretionary Accounts controller by third party Account Controllers)

Rule 2-8(e) of the National Futures Association requires an acknowledgement from the Customer that the Customer has received a disclosure document from the Account Controller, or a written statement from the Account Controller explaining why the Account Controller is not required to provide a disclosure document to the Customer. Accordingly, ensure that the applicable section is completed:

Receipt of Disclosure Document

I hereby acknowledge the receipt and understanding of the Account Controller's disclosure document, dated

_____.

Signature of Customer

Signature of Customer

Date

Date

Disclosure Document Exemption

I hereby acknowledge that _____ (Third Party Account Controller) is not required to provide me with a disclosure document because of the following exemption(s) as indicated by the third party Account Controller.

Account Controller is not required to provide a disclosure document to Customer because he is exempt from registration requirements as a Commodity Trading Advisor (CTA) for the following reason(s):

_____ (a) Controller has provided advice to 15 or fewer persons during the past 12 months and does not hold himself 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 his advice is solely incidental to his principal business or profession.

_____ (d) Controller is a relative of the account holder.
Description of relationship: _____

_____ (e) Other (Describe): _____

Account Controller's Signature

Signature of Customer

Signature of Customer

Date

Date