



SUB-ACCOUNT REQUEST FORM

The new sub-account must be identical in ownership and have the same tax identification number as the existing account(s).

Note: This new sub-account will not be opened unless the purpose of the sub account is disclosed below. If this Sub-Account is to be traded on an electronic trading platform, it is the Broker's responsibility to approve electronic access for the Sub-Account and notify the ADMIS Support Desk that the new account has been so authorized. ADMIS will only provide online access to customers that have been pre-approved by the Broker.

Account Name/Title: _____

Existing Account Number: _____

New Account Number: _____ Sales code: _____

Is the Account a Member of any Exchange? If yes, list Exchange(s) and Membership type(s) _____

Futures Commission to be Charged: \$_____ Half In/Half Out Round Turn
Options Commission to be Charged: \$_____ Half In/Half Out Up Front

Purpose of New Account: _____

If the purpose of the sub account is for discretionary trading, please complete the required POA forms.

If account will be self-directed, provide the following for the individual responsible for the trading activity in the sub account.

Name: _____ Job Title: _____

Relationship to Owner: _____ (i.e. employee, partner, sole owner)

Contact Phone: _____ Contact e-mail: _____

Does the current account have a Security Agreement in place? YES NO

If yes, is the new account covered by the Security Agreement? *** YES NO

***** It is the responsibility of the customer to obtain authorization from the secured party for the new account that will be added to the Security Agreement. Please attach evidence of such authorization to this sub-account request form.**

I hereby request that you open another account in the name of and reported under the same tax identification number of my current account(s). I understand that a related account will be opened to margin all my accounts together. I am the sole owner and/or authorized signatory of this requested sub-account.

Customer Signature Date Joint Account Signature Date

Customer E-Mail Joint Account E-Mail

IB Principal or Approved Delegate Approval: _____