



Account Number _____

LIMITED TRADING AUTHORIZATION

The Account Owner(s) listed below hereby authorize _____ whose signature(s) appear below, as his/her agent(s) for the purchase and sale of securities including short sales of any stocks, bonds, options, mutual funds or other securities and options on the books (the "Account") and records of the Introducing Broker and carried by COR Clearing. The actions of the Agent have the same force and effect as those of the Account Owner(s) with respect to such transactions in the Account.

The Agent is authorized to borrow such funds as necessary to comply with the provisions of a margin transaction as well as request the delivery of securities or monies from the name of the Account Owner(s). Agent may receive any documents and communications for the Account including, but not limited to statements, confirmations, notices, and reports of any kind. The undersigned hereby agrees to indemnify you and hold you harmless against any liability, loss and expense incurred by you as a result of, or in any way connected or related to, the Account, any transaction in the Account, or any instructions or lack of instructions concerning or relating to the Account. This authorization and indemnity is in addition to and in no way limits the rights and remedies the Introducing Broker and COR Clearing may have under any other agreement with Account Owner(s) or Agent. This authorization shall remain in effect until revoked by the Account Owner(s) in a dated and written notice addressed to the Introducing Broker. The revocation shall not affect in any way liability resulting from transactions effected prior to such revocation.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person authorized to act on behalf of an Account. This form will ask for information that will assist the Introducing Broker or COR Clearing in identifying the Agent. A third party information provider may be used to verify the information that has been provided. We may also require a copy of Agents driver's license or other identifying documents.

Account Owner Information		Account Co-Owner Information	
Date		Date	
Name		Name	
Signature		Signature	

Authorized Agent			
Name			Date
Permanent Street Address (Cannot be a P.O. Box)		City	State Zip
Home Phone	Birth Date (mm/dd/yyyy)	Social Security Number	
Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the Financial Industry Regulatory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or a member of your household licensed by the Financial Industry Regulatory Authority or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)			
Are you or any member of your immediate family a senior foreign political figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature			

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