

REQUEST FOR ELECTRONIC TRANSMISSION OF CUSTOMER STATEMENTS

Upon receipt of Customer's consent, the FCM Division of StoneX Financial Inc. acting in its capacity as a futures commission merchant ("FCM"), will provide daily confirmations, purchase and loss statements and monthly statements of activity (collectively, "Statements") by electronic transmission to the email address indicated below and will no longer mail hard copies of such statements. Customer confirms that the recipient of emails at the address specified below will promptly review the relevant Statements in the form transmitted by FCM. Customer acknowledges its understanding that there is a risk of failure of any electronic transmission, and will not hold FCM liable directly or indirectly for such failure. If Customer believes that any Statement does not accurately reflect the activity in Customer's account(s), Customer agrees to contact FCM by telephone or email to verify the account status and accurate activity within two (2) business days after placing any order if Customer has not been advised by telephone or email of the status of such order by FCM within twenty-four (24) hours after said order(s) was/were placed. This consent shall be effective until revoked in writing, signed by the undersigned and delivered to FCM at StoneX Financial Inc.- FCM Division, 230 S. LaSalle Street, Suite 10-500, Chicago, IL 60604. Telephone (312) 780-6700. In addition, Customer agrees and acknowledges that for its protection and the protection of FCM, any request to change the email address listed below must be in writing and bear the signature of the undersigned or another authorized representative of Customer.

Customer authorizes FCM to provide all Statements solely by electronic transmission.

Primary Account Holder Email Address: _____

- FOR CORPORATIONS (An authorized Officer must sign)
- LIMITED LIABILITY COMPANIES (Authorized LLC Member or Manager must sign)
- PARTNERSHIPS (A General Partner must sign)
- TRUSTS (A Trustee must sign)
- FOR INDIVIDUAL/JOINT ACCOUNTS (All Account Holders must sign)

Print Name of Corporation, LLC, Partnership or Trust (if applicable)

Print Name	Title (if applicable)	Signature	Date
------------	-----------------------	-----------	------

Print Name	Title (if applicable)	Signature	Date
------------	-----------------------	-----------	------