



STONEX FINANCIAL INC.
Gain Futures Division

ACCOUNT TRANSFER

Account Name: _____
Account Number: _____

CURRENT BROKERAGE HOUSE (FUTURES COMMISSION MERCHANT)

Name: _____
Address: _____
Phone Number: _____

Ladies and Gentlemen:

Please be advised the undersigned Customer wishes to transfer all open positions, cash and other property on deposit held by your firm, in the commodity account number(s) _____ maintained by your firm to the FCM Division of StoneX Financial Inc. ("FCM"). Accordingly, you are hereby directed to transfer all open positions, cash and other property on deposit in the above named account(s) payable to the FCM Division of StoneX Financial Inc. ("FCM") at the following address:

FCM Division of StoneX Financial, Inc. ("FCM")
Attn: Account Transfer Group 230 South LaSalle, Suite 10-500
Chicago, IL 60604

Any questions regarding the transfer of positions, securities on deposit or funds from your books and records to the FCM Division of StoneX Financial Inc. ("FCM") should be directed to Account Transfers Group, Telephone Number: (312) 780-7037, Email: transfers@stonex.com.

- 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