

FEE PAYMENT AUTHORIZATION

From: Client Name(s): _____

Account Number: _____

To: Gain Capital Group, LLC

Subject to the provisions of any agreement you may have executed with _____ (the "Advisor"), which the undersigned has executed, you are hereby authorized to deduct and remit directly to the Advisor such fees as the Advisor requests.

The Advisor will inform you of the exact amounts due on the agreed upon payment dates. The undersigned acknowledges and agrees that the Advisor is solely responsible for the computation of fees and authorizes you to rely conclusively on remittance instructions submitted by the Advisor with respect to the amount and payment of fees without further inquiry. It is understood that you shall not be required to pay funds as a result of the Advisor's instructions if there are not sufficient funds in the account of the undersigned.

You shall be indemnified and held harmless by the undersigned and the Advisor from any loss suffered or liability incurred by reason of any act or omission made in compliance with the authorization contained herein, unless such loss or liability was the result of your gross negligence or intentional misconduct.

This authorization will continue in effect until you have received written notice terminating it from the undersigned. Such notice will be mailed to the Advisor. Any notices required to be given hereunder shall be in writing and sent by certified or registered mail, return receipt requested.

Client Signature(s)

Date