LIMITED POWER OF ATTORNEY Account Number: _____

THIS SECTION – to be completed by AGENT:

Check One: ☐ INDIVIDUAL ☐ LEGAL ENTITY Tax ID (EIN or SSN): _____

Name of Account Controller	
Address, City, State/Country, Zip/Postal Code	
Phone	**Email address**

*Please provide a **direct number, without any telephone extension.***
***Non-US** respondents should also provide a valid **international area code**.*

	NFA **(if applicable)**:
	LEI **(if applicable)**:
Website Address (if any)	**NFA ID/ Legal Entity Identifier - LEI (if any)**

If the Controller is an entity, please provide the following:

Individual Contact Name: _____

Job Title: _____ **Contact Phone:** _____

Please provide a **direct number, without any telephone extension.

Relationship to Controller: _____ ***Non-US** respondents should also provide a valid **international area code***

Contact Email Address: _____

^^^