

LIMITED POWER OF ATTORNEY

Account Number: _____

To: ADM Investor Services, Inc. and its affiliates, successors and assigns
141 West Jackson Boulevard, Suite 2100A
Chicago, IL 60604

The undersigned hereby authorizes _____ as its agent and attorney-in-fact ("Agent") to buy and sell and otherwise deal in commodities, commodity futures, options on commodity futures, and foreign exchange instruments for the undersigned's account and risk. The undersigned hereby agrees to indemnify and hold you harmless from all loss, cost, indebtedness and liabilities arising therefrom.

In all such purchases and sales ADM Investor Services, Inc. ("ADMIS") is authorized to follow the instructions of the aforesaid Agent in every respect concerning the undersigned's account with you; and except as herein otherwise provided, our Agent is authorized to act for the undersigned in the same manner and with the same force and effect as the undersigned might or could do with respect to such purchases and sales as well as with respect to all other things necessary or incidental thereto, except that our Agent is not authorized to withdraw any money, securities, or other property, either in the name of the undersigned or otherwise.

The undersigned authorizes duplicate statements be made available to the Agent via the ADMIS Nexus Portal, SFTP or other method of statement delivery in use by ADMIS, as Agent may request.

The undersigned hereby ratifies and confirms any and all transactions with you heretofore or hereafter made by the aforesaid Agent on behalf of or for the account of the undersigned.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement between you and the undersigned.

This authorization and indemnity is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written noticed addressed to you and delivered to you at the above address, but such revocation shall not affect your liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to your benefit and that of your successors and assigns.

Joint Authorization (if applicable)

Date:

Date:

Signature:

Signature:

Print Name:

Print Name:

**Limited Power of Attorney
Discretionary Trading Information**
(To be completed by individual with trading authorization)

Agent Name _____ ADMIS Account # _____

Tax ID/SSN _____ NFA ID (if applicable) _____ LEI (Legal Entity Identifier, if applicable) _____

Street Address _____

City _____ State/Province _____ Country _____ Postal Code _____

Phone _____ E-Mail Address _____ Website (If applicable) _____

Name of person controlling trading _____ Job Title/Occupation _____

Employer (if different than Agent above) _____

Additional employees of Agent authorized access to this ADMIS Account

Name _____ E-Mail Address _____

Name _____ E-Mail Address _____

Agent Signature _____

Print Name & Title _____

Date _____