Delaware Clearing Service

3601 N. Market Street Wilmington, Delaware 19802

My Commission Expires:

FOR INTERNAL USE ONLY

DATE RECEIVED:

DATE RECORDED:

CC05-R140131

DATE CONFIRMED: INITIALS:

LETTER OF AUTHORIZATION

IMPORTANT NOTICE: THIS LETTER CONTAINS SPECIAL INSTRUCTIONS WHICH AUTHORIZE AND DIRECT DELAWARE CLEARING SERVICE TO PERFORM ONE OR MORE OF THE FOLLOWING ACTIONS FOR MY BENEFIT:

- Send a wire to a bank or financial institution that is not listed in my account records
- Prepare a check made payable to a third party
- Send a check to an address that is not listed in my account records
- Ship bullion to an address that is not listed in my account records

1. ACCOUNT INFORMATION	
ACCOUNT TITLE (Name of account)	DELAWARE CLEARING ACCOUNT NUMBER
TELEPHONE NUMBER (Day) / (Evening)	REASON FOR YOUR REQUEST
2. WIRE INSTRUCTIONS (\$25 wire fee applies to this service)	
I HEREBY INSTRUCT DELAWARE CLEARING SERVICE TO WIRE FUNDS II	N THE AMOUNT OF \$ (maximum limit is \$50,000)
TO RECEIVING BANK OR FINANCIAL INSTITUTION:	
ABA ROUTING #:	ACCOUNT #:
ACCOUNT TITLE:	REFERENCE:
☐ Check here if the wire is being sent to a third party fo	r your benefit.
3. CHECK PAYMENTS	
I HEREBY INSTRUCT DELAWARE CLEARING SERVICE TO PREPARE A CH	ECK IN THE AMOUNT OF \$ (maximum limit is \$50,000)
MADE PAYABLE TO:	REFERENCE/MEMO:
\Box Check here if the check is being made payable to a th	nird party for your benefit.
I HEREBY INSTRUCT DELAWARE CLEARING SERVICE TO SEND THE CHE	CK TO: (Check one)
☐ MY RESIDENTIAL ADDRESS ☐ MY MAILING ADD	DRESS MY INTRODUCING BROKER'S BUSINESS ADDRESS
THE FOLLOWING ALPERIUM TE ADDICESS.	
4. SHIPMENT OF BULLION	QUANTITY DESCRIPTION
I HEREBY INSTRUCT DELAWARE CLEARING SERVICE TO SHIP:	<u> </u>
TO: MY RESIDENTIAL ADDRESS MY RESIDENTIAL AD	DDRESS
☐ THE FOLLOWING ALTERNATE ADDRESS:	
5. CERTIFICATION	
BY SIGNING BELOW, I CERTIFY AND ACKNOWLEDGE THAT: • THE INFORMATION PROVIDED HEREIN IS TRUE, ACCURATE, AND COMPLETE.	
	PORATED, ITS AFFILIATES AND RELATED COMPANIES AGAINST ANY AND ALL LOSSES, LIABILITIES, UCTIONS IN THIS FORM.
STATE OF))ss:	
COUNTY OF)	
On this day of, before me a Notary Public, personal	lly appeared X
,known or identified to me (or satisfactorily proven) to be the person	ACCOUNT HOLDER DATE
is subscribed to the within instrument, and acknowledged that he/she executed the same purposes therein contained. IN TESTIMONY WHEREOF, I have hereunto set my hand and	
NOTARY SEAL	Official Scal.
J	
Signature of Notary	