

Broker #: \_\_\_IB004\_\_\_

Account #: \_\_\_\_\_



# ADM DERIVATIVES, INC.

## **FOREIGN EXCHANGE CONTRACTS AND OPTIONS NEW ACCOUNT DOCUMENTATION**

## INSTRUCTIONS

In order to open a Foreign Exchange Contracts and Options account the following documentation is required:

- 1) Foreign Exchange Contracts and Options Account Application
  - A) Customer MUST complete one of the following sections as applicable:
    - A. Individual / Joint or Sole Proprietorship (See Page 1)
    - B. Corporation (See Pages 2, and 14) Include Articles of Incorporation
    - C. Limited Liability Company (See Pages 2 and 15) Include Management Agreement
    - D. Partnership (See Page 3) Include Partnership Agreement
    - E. Trust ( See Page 4) Include Trust Agreement

The applicable section MUST be completed thoroughly, signed and dated by the customer certifying that the information provided is true and accurate.

  - B) EACH Customer MUST complete Section E. If the Account type is a General Partnership or Joint Account, each individual General Partner or Joint Account Holder MUST complete Section E. Each customer MUST sign and date Section E certifying the information provided is true and accurate. (See Page 5)
  - C) Tax Certifications
    - A. U.S. Customers

Each U.S. customer MUST complete the Combined W-9 and 1099-B Certification. The customer's tax identification number (social security number for individuals) is required and the appropriate box needs to be checked indicating that the customer is not subject to backup withholding. If the 1099-B Certificate of Exemption from Reporting of Securities and Commodities Transactions applies, the customer must indicate the category for which the exemption is claimed. The customer must sign and date the certification as indicated. (See Page 6)
    - B. Non-U.S. Customers

Each Non-U.S. customer MUST complete either a W-8BEN for Personal Accounts (See Page 7) or a W-8ECI, W-8EXP or W-8IMY for Non-Personal Accounts (forms available at [www.irs.gov](http://www.irs.gov))
- 2) Customer Agreement (See Pages 8, 9, 10)

This is a contractual agreement. Please read the Customer Agreement carefully. The customer MUST sign and date the Customer Agreement. If the account type is a General Partnership or Joint Account, each individual General Partner or Joint Account Holder MUST sign and date the Customer Agreement.
- 3) Disclosure Statements (See Pages 11, 12)

Each customer MUST sign and date the Risk Disclosure Statement and the Electronic Trading and Order Routing Systems Disclosure Statement and receive separate copies of these statements.
- 4) Additional Risk Disclosure (See Page 13)

If Customer meets any of the criteria listed in the Additional Risk Disclosure Document, he MUST date and sign this form where indicated.
- 5) Foreign Exchange Contracts and Options Corporate Authorization (See Page 14)

The Corporate Authorization MUST be completed thoroughly. The Corporation MUST indicate the officers authorized to trade in foreign exchange contracts and options. The Corporate Authorization MUST be signed and dated by the Secretary of the Corporation and be affixed with or bear the Corporate Seal.
- 6) Limited Liability Company Certified Resolution (See Page 15)

The LLC Certified Resolution must be completed thoroughly and indicate all parties authorized to trade in foreign exchange contracts and options.
- 7) E-mail statement Authorization (See Page 16)
- 8) Trading Authorization limited to purchases and sales of Foreign Exchange Contracts and Options (page 17).

**To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What that means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

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**Note: Checks must be made payable only to:  
ADM Derivatives, Inc.  
Suite 1600A Board of Trade Building  
141 W. Jackson Blvd.  
Chicago, Illinois 60604-3190**

Account No. \_\_\_\_\_

Broker No. \_\_\_\_\_

ALL INFORMATION MUST BE FURNISHED BY CUSTOMER  
**FOREIGN EXCHANGE CONTRACTS AND OPTIONS  
ACCOUNT APPLICATION**

**A. INDIVIDUAL / JOINT OR SOLE PROPRIETORSHIP** (Section E must also be completed)

**Check each box applicable:**

- Individual Account       Joint Account (Tenants in common)
- Sole Proprietorship       Joint Tenancy (Right of Survivorship)       Discretionary Account

Name: \_\_\_\_\_ Joint Owner: \_\_\_\_\_

Sole Proprietorship Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Martial Status:  Single  Married      Date of Birth: \_\_\_\_\_ Martial Status:  Single  Married

S.S. # \_\_\_\_\_ No. of dependents: \_\_\_\_\_      S.S. # \_\_\_\_\_ No. of dependents: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_      City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_      Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_      Employer: \_\_\_\_\_

Nature of Business: \_\_\_\_\_      Nature of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_      Position Held: \_\_\_\_\_

Work Address: \_\_\_\_\_      Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_      City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transmit Duplicate Statements to: Name: _____ E-mail Address: _____
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Bank Reference: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Do any of the owners control the trading in any other Commodity or Foreign Exchange Account?       Yes       No

If yes, the firm name and account number(s): \_\_\_\_\_

Will this account be traded or managed on your behalf by anyone else?       Yes       No

If yes, please identify trader and attach a copy of power of attorney: \_\_\_\_\_

Does any other person or entity have any financial interest in this account?       Yes       No

If yes, please identify person(s) and state type of interest: \_\_\_\_\_

Are you presently a Member on any Exchange or an AP of an FCM or IB?       Yes       No

If yes, on which Exchange, type of Membership and the approximate date Membership became effective: \_\_\_\_\_

**The foregoing information in Section A. is certified to be true and accurate as this date.**

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Account No. _____
Broker No. _____

**B. CORPORATE ACCOUNT or LIMITED LIABILITY COMPANY (LLC) ACCOUNT** (Section E must also be completed)

(Enclose Articles of Incorporation/LLC Agreement)

Check box if applicable:  Discretionary Account

Name of Corporation/LLC: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Corporate/LLC Account Title: \_\_\_\_\_

Address of: \_\_\_\_\_ State of Incorporation or Formation: \_\_\_\_\_  
(Principal Office)

Date of Incorporation or Formation: \_\_\_\_\_

Corporate/LLC Phone: \_\_\_\_\_

Name of each: \_\_\_\_\_  
(Officer, Director, Employee or other party authorized to act with regard to this Account.)  
 Phone: \_\_\_\_\_

Transmit Duplicate Statements To:

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing address for above party: \_\_\_\_\_  
(If other than Principal Office)  
 Attn: \_\_\_\_\_

Purpose of business for which corporation/LLC is organized: \_\_\_\_\_

Gross revenues previous operating year: \_\_\_\_\_

Initial Capitalization: \_\_\_\_\_ Current Capitalization: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Officer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does this Corporation/LLC Control the Trading in any Other Commodity or Foreign Exchange Account?  Yes  No

If yes, the name(s) and account numbers(s): \_\_\_\_\_

Will this Corporate/LLC account be traded or managed on your behalf by anyone else?  Yes  No

If yes, please identify trader and attach a copy of power of attorney: \_\_\_\_\_

Does any other person or entity have any Financial Interest in this account?  Yes  No

If yes, please identify person or entity and state type of interest: \_\_\_\_\_

Is this Corporation/LLC or any of its Principals or Affiliates presently a Member on any Exchange?  Yes  No

If yes, on which Exchange(s), type of Membership and the approximate date Membership became effective: \_\_\_\_\_

Is Corporation/LLC a Futures Commission Merchant or Introducing Broker (as those terms are defined by the CFTC)?  Yes  No

If yes, please explain: \_\_\_\_\_

The foregoing information in section B. is certified to be true and accurate as of this date.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account No. \_\_\_\_\_  
Broker No. \_\_\_\_\_

### C. PARTNERSHIP ACCOUNT

(Section E must also be completed for each General Partner)  
(Enclose Partnership Agreement)

Check box if applicable:  Discretionary Account

Name of Partnership: \_\_\_\_\_

Check one:

- General Business Partnership Account
- Limited Business Partnership Account
- General Trading Partnership Account
- Limited Partnership (Managed or Pooled) Account

Name(s) of General Partner(s): \_\_\_\_\_ (1)

\_\_\_\_\_ (2)

\_\_\_\_\_ (3)

\_\_\_\_\_ (4)

Partnership Account Title: \_\_\_\_\_

Managing General Partner Name and Address: (Account Mailing Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Reference: \_\_\_\_\_

Street: \_\_\_\_\_

Do you control the trading in any other ADM Derivatives or ADM Investor Services account?  Yes  No

If yes, the name(s) and account numbers(s): \_\_\_\_\_

Will this account be traded or managed on your behalf by anyone else?  Yes  No

If yes, please identify trader and attach a copy of power of attorney: \_\_\_\_\_

Does any other person or entity have any Financial Interest in this account?  Yes  No

If yes, please identify person or entity and state type of interest: \_\_\_\_\_

Are you (or any of the General Partners) presently a Member on any Exchange?  Yes  No

If yes, on which Exchange(s), type of Membership and the approximate date Membership became effective: \_\_\_\_\_

Is Partnership a Futures Commission Merchant or Introducing Broker (as those terms are defined by the CFTC)?  Yes  No

If yes, please explain: \_\_\_\_\_

The foregoing information in section C. is certified to be true and accurate as of this date.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account No. \_\_\_\_\_  
Broker No. \_\_\_\_\_

**D. TRUST ACCOUNT** (Section E must also be completed)  
(Enclose Trust Agreement)

Check box if applicable:  Discretionary Account

Name of Trust: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Trust Number: \_\_\_\_\_ Date of Trust Creation: \_\_\_\_\_

\_\_\_\_\_  
Grantor of Trust: \_\_\_\_\_

Trustees: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Address of: \_\_\_\_\_(1) \_\_\_\_\_(2) \_\_\_\_\_(3)

Trustee(s)  
(Principal Office in case of Corporate Trustee)

Phone: \_\_\_\_\_

Trust Account Title: \_\_\_\_\_ Transmit Duplicate Statements To: \_\_\_\_\_

Trust Account Mailing Address: \_\_\_\_\_ Name: \_\_\_\_\_

(If other than Address of Trustee) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Enclosed is a true and complete copy of the current Trust instrument.

Name(s) of Trustee(s), or other person, authorized to act with regard to Trust account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, specify whether all, one or any specific number of trustees are required to act on behalf of Trust: \_\_\_\_\_  
\_\_\_\_\_

Bank Reference: \_\_\_\_\_ Officer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do You Control the Trading in any Other Commodity or Foreign Exchange Account?  Yes  No

If yes, the name(s) and account numbers(s): \_\_\_\_\_

Will this account be traded or managed on your behalf by anyone else?  Yes  No

If yes, please identify trader and attach a copy of power of attorney: \_\_\_\_\_

Does any other person or entity have any Financial Interest in this account?  Yes  No

If yes, please identify person or entity and state type of interest: \_\_\_\_\_

Are you presently a Member on any Exchange?  Yes  No

If yes, on which Exchange(s), type of Membership and the approximate date Membership became effective: \_\_\_\_\_  
\_\_\_\_\_

The foregoing information in section D. is certified to be true and accurate as of this date.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E. CONFIDENTIAL CREDIT INFORMATION:**

ADM Derivatives, Inc. "(ADMD)" does not intend or undertake to use the following information for the purpose of limiting the Customer's Risk or to protect the Customer from Risk or unsuitable trading, but only for ADMD's own business operations purposes. Failure to provide any of this information may result in ADMD's refusal to accept the account of the Customer.

**Name:** \_\_\_\_\_ **Investment Objectives:**  Hedge  Speculation

**Address:** \_\_\_\_\_ **Investment Experience:**

\_\_\_\_\_ **Foreign Exchange Trading/Options:**  Yes  No

\_\_\_\_\_ If yes, how many years? \_\_\_\_\_

\_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

**Credit Information:**

**Annual Income** \$ \_\_\_\_\_ **Futures / Options:**  Yes  No

**Net Worth** \$ \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

**Annual Income** \$ \_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

**Liquid Net Worth** \$ \_\_\_\_\_ **Securities:**  Yes  No

(cash, securities, other) If yes, how many years? \_\_\_\_\_

\_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

The foregoing information is hereby certified to be true and accurate as of the date hereof.

X \_\_\_\_\_ **Date**

Customer Signature

Customer has declined to provide the above information. \_\_\_\_\_

*Customer's Initials*

**Name:** \_\_\_\_\_ **Investment Objectives:**  Hedge  Speculation

**Address:** \_\_\_\_\_ **Investment Experience:**

\_\_\_\_\_ **Foreign Exchange Trading/Options:**  Yes  No

\_\_\_\_\_ If yes, how many years? \_\_\_\_\_

\_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

**Credit Information:**

**Annual Income** \$ \_\_\_\_\_ **Futures / Options:**  Yes  No

**Net Worth** \$ \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

**Annual Income** \$ \_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

**Liquid Net Worth** \$ \_\_\_\_\_ **Securities:**  Yes  No

(cash, securities, other) If yes, how many years? \_\_\_\_\_

\_\_\_\_\_ **Firm (s):** \_\_\_\_\_

\_\_\_\_\_

The foregoing information is hereby certified to be true and accurate as of the date hereof.

X \_\_\_\_\_ **Date**

Customer Signature

Customer has declined to provide the above information. \_\_\_\_\_

*Customer's Initials*

**I approve the trading of Foreign Exchange Contracts and Options in this account.**

**By approving this account I confirm that the customer has received the Foreign Exchange Contracts and Options Disclosure Statement.**

X \_\_\_\_\_ **Date**

IB Signature

























