

950 Milwaukee Ave., Ste. 102 Glenview, IL 60025

Web: www.eoption.com

Limited Trading AuthorizationAuthorization limited <u>only</u> to cash/margin purchases and sales of securities.

Account Number:							
Gentlemen:							
hereby constitute and appoint							
hereby ratify and confirm any and all This authorization and indemnity is in a between myself and your firm.	,		•	•	•	•	
To induce any transfer agent or other the or facsimile of this instrument may act lunless and until actual notice or know for myself and for my heirs, executors, party from and against any and all clainstrument.	hereunder, and that revocation or the dege of such revocation or the degel representatives and as	on or termi terminatio ssigns, he	ination hereof shall be on shall have been red ereby agree to indemi	ineffective as to ceived by such tr nify and hold har	such transfer agent ansfer agent or oth mless any such tra	t or other third party er third party and l nsfer agent or third	
My agent and attorney-in-fact is authowhich evidences other securities of an authorization and indemnity is also a consecurities, Inc., 1201 Elm Street, Dalla transactions initiated prior to receipt of successor firm or firms irrespective of a your present firm or any successor firm	y nature standing in my name continuing one and shall rema as, TX 75270, Attn: New Acco such revocation. This author any 12 change or changes at	e and to e ain in full f ounts, but rization ar	execute any document force and effect until re- such revocation shall and indemnity shall inu	ts necessary or pevoked by me by I not affect any liate to the benefit of	proper to effectuate a written notice ad ability in any way re of your present firm	the foregoing. This dressed to Hilltop sulting from and of any	
Print Name		Signature			Date		
L'ANDERS DE L'ANDE		Cinadus			Data		
Joint Name		Signature				Date	
Entity Account Holders (Corporation, Partn	ership, Trust, Estate)						
Name of Entity			Authorized Officer Name				
Authorized Officer			Date				
Individual to Whom Discretion is Given - Pl	ease provide a photocopy of the	individual's	s valid driver's license.				
Print Name			Signature				
SSN, Fed ID, Cedula, NIT#			ID#				
ID Type	Exp. Date		Issue Date		Issue Date		
Notary: Sworn to and subscribed before me th	is day of			, 20			
Notary Public My commission expires							

Signature

Approved By (Branch Manager/Compliance)

Print Name

Date