



AUTHORIZATION AGREEMENT (ACH)

For automatic deposits, pre-authorized payments, and on demand transactions.

ACCOUNT INFORMATION

| | | | |
|--|----------------|-------------|------------------|
| Provide information about the StoneX account and its owner(s). | Account Name | | |
| | | New Account | Existing Account |
| | Account Number | | |

PAYMENT TYPE

| | | | | | |
|--|---|-----------------------|--------------------|--|---------------|
| Provide information about the type of payment. | On Demand: | | TO my bank account | FROM my bank account | |
| | Automatic: | | | | |
| | Automatic distribution FROM my brokerage or IRA account in the amount of: | | | (If blank, FULL CREDIT AMOUNT will be disbursed) | |
| | Automatic distribution TO my brokerage or IRA account in the amount of: | | | (If blank, FULL DEBIT AMOUNT will be deposited) | |
| | Automatic distribution FROM my brokerage account for: | | | | |
| | Credit interest | Cash balance | Dividends | Interest | Capital Gains |
| Maturities | Money market balance | Money market interest | Return of capital | Return of principal | |
| Dividends for assets held away | | Liquidations | Principal | Partnership distribution | |

FREQUENCY OF TRANSFER

| | | | | | | |
|------------|---------------|----------------------------------|-----------|--------------|-------------|-----------|
| | One time only | Daily | Weekly | Biweekly | Semimonthly | Bimonthly |
| Start Date | Monthly | Monthly on the last business day | Quarterly | Semiannually | Annually | |

BANK ACCOUNT INFORMATION

| | | | | | | |
|--|-------------------------|--|-------|------------------------|------------------|--|
| The account can be either a checking or savings account. | Name on Bank Account | | | | | |
| | Bank Name | | | Routing Number | | |
| | City | | State | | ZIP/ Postal Code | |
| | OR | | | | | |
| | Checking Account Number | | | Savings Account Number | | |

CUSTOMER ACKNOWLEDGMENT

I/we hereby authorize the bank named above to accept automatic deposits to, or withdrawals from, my account by StoneX Financial Inc., and to cause my account to be automatically credited or debited in the amount of such deposits or withdrawals by StoneX Financial Inc.. I agree that StoneX Financial Inc. is not responsible for the correctness of any such deposit or withdrawal. I understand that this authorization may be cancelled by either party at any time. My cancellation will become effective when StoneX Financial Inc. receives my written notice of cancellation, and has had a reasonable period of time to act on it. Until that time, any automatic deposits to or withdrawals from my account by StoneX Financial Inc. will be authorized by this Authorization Agreement. I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, and disclosure statements of StoneX Financial Inc. and the Bank that govern accounts and pre-authorized transfers to and from accounts.

I/we understand that all transfers executed using ACH transfers will be reflected on my account statements for which I/we accept complete responsibility to review and ensure the accuracy thereof and agree to hold StoneX Financial Inc. and its affiliates harmless from any loss or claim which may be incurred by reason of a transfer of funds to or from the account indicated above. Additional owners of either the account carried by StoneX Financial Inc. and/or the bank account must sign.

| | |
|-------------------------------------|-------------------------------------|
| Account Holder Signature | Additional Account Holder Signature |
| Name | Name |
| Date | Date |
| Additional Account Holder Signature | Additional Account Holder Signature |
| Name | Name |
| Date | Date |

PRINCIPAL ATTESTATION OF AUTHENTICITY

With my signature below, I represent that the following are true regarding these client instructions and the respective client Letter of Authorization (LOA).

- The client instructions as described in this LOA have been reviewed and approved and are in full compliance with our firm's policies and procedures.
- The firm has verbally confirmed via outbound phone call with the account holder(s) or those authorized to act on their behalf that the LOA instructions are authentic and the signature(s) on the instructions is their own.
- Our firm understands that it is fully responsible for any loss caused by fraudulent disbursement.
- I warrant that I am an authorized signor of my firm and/or authorized to act on its behalf.

| | | | |
|---------------------------------|------------|-------|------|
| Qualified Principal's Signature | Print Name | Title | Date |
|---------------------------------|------------|-------|------|