

Third Party Limited Trading Authorization and Indemnification Form

Complete this form to give a designated person limited trading authority on your account.

Limited trading authorization gives a designated person the powers to place orders in an account and make inquiries concerning the account, such as obtaining account balances. Limited trading authorization does not give the designated person the power to withdraw account holder assets.

I. Account Information

Account Title: _____

Account Number: _____

II. Authorization

The undersigned hereby authorizes the following individual (whose information appears below) as my (our) authorized agent to buy, sell (including short sales), and trade in stocks, bonds, option contracts, and any other securities relating to the same on margin or otherwise in accordance with your terms and conditions for the undersigned's account and risk and in the undersigned's name, or number on your books. The undersigned hereby agrees to indemnify and hold you harmless from and to pay you promptly on demand any and all losses arising therefrom or debit balance due thereon.

Limited Trading Authorization

In all such purchases, sales or trades you are authorized to follow the instructions of the authorized agent in every respect concerning the undersigned's account with you; and they are authorized to act for the undersigned and in the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do with respect to such purchases, sales, or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades. Limited trading authorization does not permit the authorized agent to redeem or withdraw assets from the undersigned's account.

III. Indemnification

The undersigned hereby ratifies and confirms any and all transactions with you heretofore and hereafter made by the aforesaid agent for the undersigned's account. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to you and delivered to your office at 579 Main Street, Bolton, MA 01740, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of your present firm and any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

IV. Signature

Account Holder's Signature: _____ Date: _____

Print Account Holder's Name: _____

Joint Account Holder's Signature: *(if any)* _____ Date: _____

Print Joint Account Holder's Name: *(if any)* _____

V. Authorized Agent

Print Agent's Name: _____

Address: _____ City: _____ State: _____

Province/County/Subdivision: _____ Country: _____ Zip/Postal Code: _____

Social Security Number: _____ or Taxpayer Identification Number: _____

Signature: _____ Date: _____

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Member FINRA SIPC