

(Place on Corporate Letterhead)

Must be signed by Principal or Compliance Officer of Financial Institution

_____, 2006

Cadent Financial Services LLC
150 South Wacker Drive
Suite 1310
Chicago, Illinois 60606

Re: _____, AP of _____
Name of AP Name of Firm

To Whom It May Concern:

This letter authorizes our Associated Person (AP), _____, to open a trading account with Cadent Financial Services. Duplicate Statements may be provided to _____ at the following address: _____
Name/Title

Thank you,

X _____

Print Name and Title