



One Peregrine Way  
 Cedar Falls, IA 50613  
 800-553-2575  
 Member FINRA & SIPC

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

**BEST Direct Securities, LLC**  
**LIMITED LIABILITY COMPANY ACCOUNT**  
 (AUTHORIZING TRADING IN SECURITIES AND COMMODITIES AND  
 PERMITTING MARGIN TRANSACTIONS, OPTIONS AND SHORT SALES)

A meeting of \_\_\_\_\_ was duly held on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at which the following was adopted:

Be it Known that \_\_\_\_\_ whose title is listed below, is authorized to open all types of accounts with BEST Direct Securities, LLC in the name of \_\_\_\_\_ including but not limited to margin, options, and futures accounts.

Be it Resolved that this account may deal with equities, options, futures, or any other type of security that BEST Direct Securities, LLC offers.

Be it Known the undersigned hereby authorizes the following employee, officer or attorney in fact (whose signature appears below) as his/her agent and attorney in fact to buy, sell (including short sales) and trade in stocks, bonds, put and call options and any other securities and/or contracts relating to the same, on margin or otherwise, in accordance with your terms and conditions in the undersigned's name or number on your books and for the undersigned's account and risk. The undersigned hereby agrees to indemnify and hold you harmless from and to pay you promptly on demand, any and all losses arising there from or debit balance due thereon.

You are authorized to follow the instructions of the below assigned agent in every aspect concerning the undersigned's account with you, and he/she is 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.

The undersigned hereby ratifies and confirms any and all transactions with you heretofore or hereafter made by the aforesaid agent or for the undersigned's account. This authorization and indemnity is in addition to (and in no way limits or restricts) any rights, which you may have under any other agreement or agreements between the undersigned and your firm.

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 One Peregrine Way, Cedar Falls, IA 50613, 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 of 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.

Authorized Trader (Print)	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_ being Member of \_\_\_\_\_ hereby certify that the above is true and that said LLC is duly organized and existing and has the power to take the action called for by the above.

IN WITNESS WHEREOF, I have affixed my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

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

Title: Member

Date: \_\_\_\_\_

**Note: Please attach a copy of the Articles of Organization**