

## Post Office Box Authorization Form

Return Form to:				
Stock USA Execution Serv	rices, Inc.			
Attn: Compliance 1717 Route 6				
Carmel, NY 10512				
Carrier, NY 10312				
To whom it may concern:				
I/We confirm that my/ou	r Post Office Box address is	s my/our primary mailing ac	ddress.	
Owner's name			Social Security Number	
Co-Owner's name		Socia	Social Security Number	
In consideration of Stock certify that my/our P.O. E		c. using my/our P.O. Box, p	lease be advised that I/we	
P.O. Box Number	City	State	z Zip Code	
	USA Execution Services, In legal and physical street ad	c. using my/our P.O. Box, pl dress is:	ease be advised that	
Street Address				
City		State	Zip Code	



I/we will notify Stock USA and all my/our investment companies within 30 days of any change or closing of the P.O. Box address or any move from the legal physical address indicated above.

Thank you,		
Owner's signature	 Date	
Co-Owner's signature	 Date	
Compliance Review:	Date:	

All Executions Through Stock USA Execution Services, Inc. Member FINRA & SIPC For Service Call: 1 (800) 874-3039 from 8:00 a.m. to 5:00 p.m. EST or fax (845) 622-4878 or email <a href="mailto:info@SpeedTrader.com">info@SpeedTrader.com</a> www.SpeedTraderPro.com / LIVE CHAT

Address: 1717 Route 6, Suite 102, Carmel, New York 10512 URL: SpeedTraderPro.com Twitter: @SpeedTraderPro Facebook: SpeedTraderPro