



**REPRESENTATIONS REGARDING DISCRETIONARY ACCOUNTS**

ACCOUNT OWNER \_\_\_\_\_ ACCOUNT CONTROLLER \_\_\_\_\_

ALL CUSTOMERS MAINTAINING DISCRETIONARY ACCOUNTS MUST PROVIDE DORMAN TRADING, L.L.C. WITH EITHER: (A) A WRITTEN ACKNOWLEDGEMENT BY THE ACCOUNT OWNER OF RECEIPT OF THE ACCOUNT CONTROLLER'S DISCLOSURE DOCUMENT; (B) OR A SIGNED STATEMENT BY ACCOUNT CONTROLLER EXPLAINING WHY THE ACCOUNT CONTROLLER IS NOT REQUIRED TO PROVIDE A DISCLOSURE DOCUMENT TO ACCOUNT OWNER.

**A) ACKNOWLEDGEMENT OF RECEIPT OF DISCLOSURE DOCUMENT**

TO WHOM IT MAY CONCERN:

THIS IS TO ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE DISCLOSURE DOCUMENT OF \_\_\_\_\_, DATED \_\_\_\_\_, 20\_\_, IN COMPLIANCE WITH CFTC REGULATION 4.31, DESCRIBING THE TRADING PROGRAM(S) PURSUANT TO WHICH MY ACCOUNT(S) WILL BE DIRECTED.

READ AND ACKNOWLEDGED BY:

\_\_\_\_\_  
ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE:

**B) REPRESENTATION OF UNREGISTERED AUTHORIZED AGENT**

AS AN EXEMPT CTA, THE UNDERSIGNED IS NOT REQUIRED TO FURNISH THE ACCOUNT HOLDER WITH A DISCLOSURE DOCUMENT.

THE UNDERSIGNED HEREBY REPRESENTS THAT THEY ARE EXEMPT FROM REGISTRATION AS A COMMODITY TRADING ADVISOR ("CTA") WITH THE COMMODITY TRADING COMMISSION UNDER THE COMMODITY EXCHANGE ACT.

THE BASIS OF THE EXEMPTION FROM REGISTRATION IS SECTION 4(M) OF THE COMMODITY EXCHANGE ACT. MORE SPECIFICALLY, THE UNDERSIGNED REPRESENTS THAT DURING THE PRECEDING TWELVE MONTHS, THE UNDERSIGNED HAS NOT FURNISHED COMMODITY TRADING ADVICE TO MORE THAN FIFTEEN PERSONS AND HAS NOT HELD ITSELF OUT GENERALLY TO THE PUBLIC AS A COMMODITY TRADING ADVISOR. THE UNDERSIGNED WILL ADVISE DORMAN TRADING, L.L.C. IMMEDIATELY IF ITS EXEMPTION FROM REGISTRATION AS A CTA IS NO LONGER EFFECTIVE. THE UNDERSIGNED RECOGNIZES THAT DORMAN TRADING, L.L.C. IS RELYING ON THESE REPRESENTATIONS IN ACCEPTING TRADES FOR ACCOUNT(S) OVER WHICH THE UNDERSIGNED EXERCISES TRADING CONTROL. THE UNDERSIGNED AGREES TO INDEMNIFY DORMAN TRADING, L.L.C. AGAINST ALL COSTS, DAMAGES AND CLAIMS RESULTING FROM THE FAILURE OF ITS REPRESENTATIONS HEREIN TO REMAIN TRUE AND ACCURATE.

\_\_\_\_\_  
Account Controller's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Account Controller's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security #