

Clarke Capital Management, Inc.

750 Pasquinelli Drive, Suite 220 Westmont, Illinois 60559

Tel: 630 323-7033

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AUTHORIZATION TO CHANGE TRADING PROGRAM

To: Clarke Capital Management, Inc.

From: _____

I / we hereby grant CCM authority to switch Trading Programs in:

Account # _____

Account Title _____,

My Account is currently trading _____ unit(s) in the _____ program.

I authorize you to begin trading _____ unit(s) in the _____ program,

Effective Date: _____ .

For the switched from program:

_____ I wish to exit all CURRENT program positions as exit signals arise.

_____ I wish to exit all CURRENT program positions IMMEDIATELY.
(Accounts may be subject to billing upon immediate liquidation
of current positions.)

For the switched to program:

_____ I wish to take new signals only on the switched to program

_____ I wish to fully-align the new program to its current normal positions.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

FAX COMPLETED FORM TO : CLARKE CAPITAL MGT. (630) 323-7042