

ROSENTHAL COLLINS GROUP

ACCOUNT CONTROLLER IDENTIFICATION REQUEST**

Please complete the Controller information below. It is imperative that you provide this information to RCG promptly to ensure that RCG and its clients remain in compliance with CFTC regulations.

Account Name: _____ Account Number: _____

List **each person who controls** the trading of the account. (may be a natural person who exercises discretion or an employee who acts within his/her capacity as an employee of the legal entity which trades the account. There may be more than one Controller). For each Controller, please provide the following information. **If more than one Controller, copy and attach additional sheets for each additional Controller. Please indicate which Controller is the primary trader by designating a "P" next to their name. All requested information is mandatory, if applicable.**

Account Controller:

Name: _____

Controller's Full Address: _____
(Address for order execution)

Direct Phone Number: _____ Email Address: _____

Job Title: _____ Name of Employer: _____

Relationship to Owner: _____ Employer NFA ID# (if any): _____

Controller/Individual NFA ID # (if any): _____

Employer LEI Code (Legal Entity Identifier (if any)): _____

**** Each account must identify a natural person account controller. If you have completed the Limited Power of Attorney Form separately, you do not need to complete this page.**