

Account Number	
Office Code	Sales Code

# CONTROLLER IDENTIFICATION SUPPLEMENT

THE FOLLOWING INFORMATION WILL BE NECESSARY TO FULFILL POTENTIAL CFTC REPORTING REQUIREMENTS.  
(FORM 102 AND LARGE TRADER)

*Please complete the Control information below. It is imperative that you provide this information promptly to ensure that your account(s) remains in compliance with the CFTC.*

**ADMIS Customer Name:** \_\_\_\_\_

**If the Controller/Agent named on the Limited Power of Attorney is an entity, please provide the following:**

**Only areas marked "if any" may be omitted.**

**Name of Entity with Limited Power of Attorney (LPOA):** \_\_\_\_\_

**Individual/Natural Person Contact for the LPOA:** \_\_\_\_\_

**Address, City, State, Zip/Postal Code, Country:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Email Address:** \_\_\_\_\_

\*Please provide a direct number, without any telephone extension.  
\*\*Non-US respondents should also provide a valid international area code

**Contact NFA ID:** \_\_\_\_\_ **Relationship to Controller/Agent:** \_\_\_\_\_  
(if any)

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employer Legal Entity Identifier-LEI:** \_\_\_\_\_ **Employer NFA ID:** \_\_\_\_\_  
(if any) (if any)

**Is the Individual/Natural Person Contact listed above the same person who makes the trading decisions for this ADMIS Account?**  
YES NO

**If you checked "NO" above:**

- Please identify the Individual/Natural Person who is making the trading decisions for this account.
- If there is more than one person, please attach additional sheets.

**Account Controller(s):** Report all persons who make the trading decisions for this account.

**Individual/Natural Person Controller Name:** \_\_\_\_\_

**Address, City, State, Zip/Postal Code, Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

\*Please provide a direct number, without any telephone extension.  
\*\*Non-US respondents should also provide a valid international area code.

**NFA ID:** \_\_\_\_\_ **Relationship to ADMIS Customer:** \_\_\_\_\_  
(if any)

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employer Legal Entity Identifier-LEI:** \_\_\_\_\_ **Employer NFA ID:** \_\_\_\_\_  
(if any) (if any)

~ Attach additional sheets if necessary ~

Date:	_____
Signature:	_____
Print Name:	_____

In November 2013, the U.S. Commodity Futures Trading Commission ("CFTC") finalized new rules for Ownership and Control Reporting ("OCR") which significantly expanded the reporting requirements for US FCMs and their clients under CFTC Regulation Part 17 CFR 17.01(a), 17.01(b) and 20.5. In accordance, ADM Investor Services, Inc. (ADMIS) is required to obtain the above information with regard to the ownership and control of clearing accounts at ADMIS. This rule officially becomes effective in August 2014.