

Letter of Authorization

To Wire Funds

Date _____

Account Name _____

Account Number _____

To Whom It May Concern:

Please accept this letter as my/our authorization to wire funds from Sterne Agee &

Leach , Inc., customer account number _____ in the name of

_____ to:

Institution Name: _____

Address: _____

ABA #: _____

Beneficiary Acct #: _____

Beneficiary Name: _____

Beneficiary Address: _____

Further Benefit Info _____

(if applicable)

Reference Info: _____

Dollar Amount \$ _____

(NOTARY SEAL REQUIRED)

Signature - Date

Notary Signature

Signature - Date

My Commission Expires

PLEASE COMPLETE AND FAX TO YOUR MARGIN CLERK

10/01/2008