

# **Clarke Capital Management, Inc.**

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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. (224) 592-1027**