



Trading Authorization Agreement

PO Box 2760 • Omaha, NE 68103-2760
Fax: 866-468-6268

If you are wanting to add an Authorized Agent/Officer/Partner to the account and not a Full Trading/Limited Trading Authorization, please submit the Entity Authorized Agent Form TDA 1187 located within the forms library: <https://www.tdameritrade.com/form-library>.

Account Number: 867730320Z	Account Name/Title: SOUTHEEN FINANCIAL LLC
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The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the TD Ameritrade Clearing, Inc. (the "Clearing Firm") books (the "Account"). The Authorized Agent(s) may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. Trading Authorization does not allow your Authorized Agent to instruct the Brokerage Firm to make any changes to the Account Owner(s) Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The actions of the Authorized Agent(s) have the same force and effect as those of the Account Owner(s) with respect to such transactions, TD Ameritrade, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by the Account Owner(s). The Authorized Agent(s) represents they are familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Client Agreement set forth in the Account Agreement and all other agreements applicable to this Account, shall apply equally to the Authorized Agent(s).

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent(s) are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent(s) for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the Brokerage Firm and Clearing Firm from any and all losses arising from and to promptly pay on demand any debit balance due on the Account. The Brokerage Firm and Clearing Firm assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. Further, the Brokerage Firm or Clearing does not offer legal or tax advice.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the Brokerage Firm or Clearing Firm may have under any other agreement with the Account Owner(s) or Authorized Agent(s). This authorization and indemnification shall benefit the Brokerage Firm and Clearing Firm, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Trading Authorization Agreement supersedes any prior Trading Authorization Agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force and effect until revoked by the Account Owner(s), written notice addressed to the Brokerage Firm and delivered to its offices. The Account Owner(s) shall be liable for transactions initiated prior to the Brokerage Firm's receipt of such written revocation.

The Authorized Agent(s) agrees to immediately notify the Brokerage Firm in writing if any Authorized Agent(s), or members of his/her household, are either a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or b) a member of the board of directors, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

To help the government fight the funding of terrorism and money laundering activities, financial institutions obtain and record information in order to ensure the identity of each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.



Account Number:

8677 303 20 2

AFFILIATIONS

Check here if any Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent, and country of office:

Check here if any Authorized Agent is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province:

Check here if any Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent:

Check here if any Authorized Agent(s) is, or is employed by, a federal or state registered investment advisor. Are you using your license in a professional sale or trading capacity on this account? Yes No:

AUTHORIZED AGENT COMPENSATION

Check here if any Authorized Agent is being compensated for providing investment advice, placing trades, or otherwise managing your account.

AUTHORIZED AGENT*

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.

Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)

Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name: PAUL SIMON BARRETT

Relationship to Account Owner: ADVISOR

Date of Birth: (MM-DD-YYYY)

Social Security Number (SSN)

Home Address: (no PO box or mail drop) 515 WEST END AVE, 12C

Primary Phone:

City: NY

State: NY

ZIP Code: 10024

Please Specify if You Are:

Unemployed Retired Homemaker Student Self-Employed

Source of Income (if retired or unemployed):

ADVISORY FEES

Employer Name: ALPHA GROUP CAPITAL

Occupation/Type of Business: FINANCE

Employer Street Address: 142W 57th ST, 11th FL

City: NY

State: NY

ZIP Code: 10019

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

Account Number:

AUTHORIZED AGENT*

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.
 Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)
 Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Relationship to Account Owner:

Date of Birth:
(MM-DD-YYYY)

Social Security Number:**
(SSN)

Home Address:
(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Please Specify if You Are:

Unemployed Retired Homemaker Student Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

TRADING AUTHORIZATION

By our signatures below, the Account Owner(s) and Authorized Agent(s) agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent(s) acknowledge that the Brokerage Firm or Clearing may refuse to approve, or remove, the Authorized Agent(s) from acting as the Account Owner(s) agent on this, or any other account.

All Account Owners and Authorized Agents must sign.

ACCOUNT OWNER(S)

Account Owner's Signature:

Date:

9-20-17

Account Co-Owner's Signature:

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

AUTHORIZED AGENT(S)

Authorized Agent's Signature:

P. B. [Signature]

Date:

9/20/17

Authorized Agent's Signature:

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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