

Compliance Supervisors Inc.
Commodity Pool Limited Partner Setup Form

PLEASE COMPLETE A FORM FOR EACH LIMITED PARTNER.

Full Name of Limited Partner: _____

Limited Partner Address: _____
Street, Suite, Apt #

City State Zip Code

Limited Partner Social Security Number/Tax Identification Number: _____

Is the Limited Partner Domestic or Foreign? (Check One): Domestic Foreign (Check foreign if this limited partner is a non-resident alien, foreign partnership, foreign corporation, or foreign estate or trust)

Type of Limited Partner (Check One): Individual S- Corporation C-Corporation
 Trust Estate General Partnership Limited Partnership Limited Liability Company
 Limited Liability Partnership IRA Pension Other: _____
(Describe)

If a Trust, please provide the Trust Number: _____ and Trustee: _____

Does the Limited Partner need a duplicate statement? Yes No If "Yes", where should the duplicate statement be sent? _____

Amount of Initial Subscription: \$ _____ Via Wire Via Check

Effective Date of Investment in the Fund: _____ (Must be the first of the month)
mm/dd/yyyy

Complete by (Print Name)

Title

Signature

Date

Fax this form to Compliance Supervisors Inc. at 732-335-5744 upon completion

Compliance Supervisors Inc.
Commodity Pool Limited Partner Setup Form

Fax this form to Compliance Supervisors Inc. at 732-335-5744 upon completion