



P.O. Box 9503
Fort Myers, FL 33906-9503
Tel: (800) 786-9000
Fax: (800) 349-9552

OPTION TRADING BY RETIRED PERSON(S)

RE: _____
Account Number

To Introducing Broker:

This letter will confirm that as the beneficial owner(s) of the above referenced account, I/we intend to purchase and/or sell options positions and acknowledge the following:

I/We understand that retired investors should not purchase call options or purchase and/or sell put options unless they are able to sustain a total loss of the equity, premium and transaction costs; and,

I/We and/are willing to assume the above risks involved with option trading and warrant to the introducing broker that such losses as may be experienced by me/us will not adversely affect my/our lifestyle.

Any option transaction I/we make shall constitute a small portion of my/our retirement assets and represent only a part of an overall investment strategy.

I/We acknowledge that I/we have read and understand the Options Clearing Corporation's publication, *Characteristics and Risks of Standardized Options* booklet and have carefully considered the risks of trading options in this particular account. I/We further acknowledge that any purchase and subsequent sale of an option in this account is of my/our own accord having reached this investment decision without you or your clearing broker, Penson Financial Services, Inc., providing me/us with any investment advice or recommendation to trade options in this account. As such, I/we agree to indemnify and hold both you and Penson Financial Services, Inc. harmless against any and all losses that I/we may incur as a result of the option trading in my/our account.

Sincerely,

Signature

Date

cc: Penson Financial Services, Inc.