

THIRD PARTY PAYMENT/JOURNAL REQUEST

Ridge Clearing & Outsourcing Solutions

The ultimate beneficiary ("further credit to") for the instructions below, is NOT the same as the principal party's name and address as displayed on Ridge Clearing & Outsourcing Solutions, Inc.'s books and records and as provided by Introducing Broker (IB).

TO: MARGIN DEPT (Name of Margin Associate)

FROM: (Name)

AT: (Introducing Broker)

ACCOUNT NUMBER _____ - _____ - _____ - _____ (Branch) (Account Number) (T) (C) (Rep Number)	REQUEST DATE ____ - ____ - ____
ACCOUNT NAME _____	

MONEY MOVEMENT	SECURITIES MOVEMENT
Fed Funds: \$ _____, _____, _____ . _____	_____ shares of _____
Check(s): \$ _____, _____, _____ . _____	_____ shares of _____
Journal(s): \$ _____, _____, _____ . _____	_____ shares of _____
BENEFICIARY (3rd Party) _____	BENEFICIARY (3rd Party) _____

TO BE COMPLETED BY THE SALESPERSON

1. I have reviewed the written third party instructions from my customer and have verified the signature against the customer's records in our files.
2. I have spoken to my customer regarding these third party instructions. I have inquired with him/her the reason for the change in ownership and am satisfied with the explanation. I have also explained to my customer that third party instructions will only be done on an exception basis and will not be considered a normal business practice.
3. I have reviewed the customer's activity over the past several months and have determined that there are no unusual funds and/or securities movements in the account nor has the customer made a practice of changing ownership of either funds or securities.

IB SALESPERSON (Signature) >	DATE _____
IB SALESPERSON (Print Name) _____	

I have reviewed this transaction and verified that the above requirements were met for this third party transfer. I have also ensured that this transaction complies with our anti-money laundering policies and procedures. I agree to keep a copy of this form and the customer's instructions in our files and will monitor this customer for repeated third party transfer requests. If third party transfer requests become frequent, I will take appropriate steps as documented in our anti-money laundering policies.

IB COMPLIANCE OFFICER (Signature) >	DATE _____
IB COMPLIANCE OFFICER (Print Name) _____	