

**Customer's Authority To Journal Funds to SubAccounts**

Date: \_\_\_\_\_

To: Margin Department  
Penson Financial  
1700 Pacific Avenue  
Suite 1400  
Dallas, Texas 75201

Please accept this letter of authorization to journal funds, as designated below, from  
Account # \_\_\_\_\_ in the name of \_\_\_\_\_  
(account holder)

In the amount of \$ \_\_\_\_\_ to sub account # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ to sub account # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ to sub account # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ to sub account # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ to sub account # \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
OFFICE