



Capital Market Services LLC

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REVOCATION OF LIMITED POWER OF ATTORNEY

In connection with my foreign exchange trading account carried by Capital Market Services, LLC ("CMS"), I hereby revoke the Limited Power of Attorney from the Trading Agent (as such term is defined in the Limited Power of Attorney), its agents, successors and assigns, if any.

A revocation of the Limited Power of Attorney from the Trading Agent named on the Limited Power of Attorney shall also be deemed a revocation of the Limited Power of Attorney from Trading Agent's agents, successors and assigns, if any.

Date _____

Customer Name _____

Account # _____

Trading Agent _____

Customer Tel. # _____

Customer E-mail _____

Check all applicable boxes below:

I would like to authorize a new trader to manage my account.
My new trader will be _____.

(If appointing a new trader please provide a new Limited Power of Attorney authorizing the new trader to manage your account, Account Application form for the new trader and a copy of a photo ID for the new trader.)

I will be trading my own account (self-trader).

Please close my account and send funds as per completed Withdrawal Request Form.*

***If requesting a withdrawal, please be sure to complete the [Withdrawal Request Form](#).**

The undersigned agrees that he/she understands and certifies that by revoking the Limited Power of Attorney, the Trading Agent's right to trade the account will be removed. The undersigned acknowledges that the Trading Agent may have open positions at the time this revocation is received and that the undersigned may be exposed to market risk until the Trading Agent closes the undersigned's positions. Alternatively, any open positions on the account when this revocation is received by CMS may be closed at the current market price. This revocation of Limited Power of Attorney does NOT necessarily terminate the undersigned's relationship with his/her introducing broker.

Customer Signature **X**_____

Joint Account Holder Signature (If applicable) **X**_____

Please submit completed form by fax to 1-212-563-4994, or scan and e-mail to customerservice@cmsfx.com.