

Voluntary Disqualification Request Form – Minnesota

FIRMA Foreign Exchange Corporation (U.S.) Ltd.; Suite 802, 1760 Market Street, Philadelphia PA, 19103; www.firmafx.com

I, the undersigned, hereby request under the provisions of Minnesota Statute 53B.27, Subdivision 2, that I, and/or my company, be voluntarily disqualified from sending or receiving funds via money transmission through FIRMA Foreign Exchange Corporation (U.S.) Ltd. or any of its affiliates.

| Client Information (Please Print Clearly) | | |
|---|--------|-----------|
| Legal Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |

1. I understand that this self disqualification lasts for a one year period commencing the date of this request, unless I notify FIRMA Foreign Exchange Corporation (U.S.) Ltd. (hereby referred to as “FIRMA”), in writing at the address below, of my interest in extending or interrupting this disqualification.
2. I understand that any account that has been set up with FIRMA on my behalf, for the purposes of foreign exchange, sending funds, or receiving funds, will be closed and any request for the reactivation of the account will be contingent on a written request from me to interrupt this voluntary disqualification, and a submission of completely new client set up documentation and identification.
3. I understand that any funds sent to FIRMA that are identified as being from myself/my company for the duration of the voluntary disqualification will be returned back to myself/my company. FIRMA will make reasonable efforts to return these funds quickly, and in a similar method to how the funds were sent to FIRMA. FIRMA, however, reserves the right to choose the method in which funds are returned to me/my company. FIRMA will not return funds via cash, in an alternate currency than what was received, or in any way that is not a normal method of funds transfer for FIRMA.
4. I understand that any third party requesting to send funds to me/my company via FIRMA will be denied this service and informed that as per my request, FIRMA is unable to transmit funds to me/my company. This applies to any and all payment requests to me/my company, for the duration of the voluntary disqualification.

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| | |
| Date | Signature |

Sign, Date, and send this form via email to customerfeedback@firmafx.com, or via mail to:

Attention: Compliance Department
 FIRMA Foreign Exchange Corporation (U.S.) Ltd.
 Suite 802, 1760 Market Street
 Philadelphia, PA 19103