

**EXHIBIT 6**

**WITHDRAWAL REQUEST**

FINANCIAL COMMODITY INVESTMENTS (FCI)  
462 Herndon Parkway  
Suite 205  
Herndon, Virginia 20170  
E-Mail: ckendall@financialii.com  
Internet: www.financialcii.com

Gentlemen:

I hereby request a withdrawal of all or a portion of my Account with FCI, in accordance with the instructions provided below:

I understand that my Account is subject to a three (3) month "lock-up" period whereby the Account will be prohibited from redeeming monies in the Investment Program until the expiration of three (3) full calendar months proceeding the date of the initial investment. In addition, I understand that the Manager must receive no less than fifteen (15) days prior written notice of this planned withdrawal. Finally, I understand I may not withdraw funds from the Account, unless I intend to terminate the Investment Management Agreement, if to do so would cause the balance in my Account to fall below a level such that the Manager believes my Account should no longer be traded.

I hereby represent and warrant, in my individual capacity or as an authorized representative of a trust, partnership or corporation, that I am the true and lawful owner of the Account to which this request relates, with full power and authority to request a withdrawal of funds from the Account. I further represent and warrant that the Account in respect of which a withdrawal is herein requested is not subject to any pledge or other encumbrance.

As of the date set forth opposite my signature below, I request a withdrawal of \$\_\_\_\_\_.

Proceeds in respect of this withdrawal are to be sent to me by check drawn in U.S. dollars unless instructions for a bank wire transfer are provided, as follows:

\_\_\_\_\_  
**(Name of bank)**

\_\_\_\_\_  
**(ABA/Swift Number of bank)**

\_\_\_\_\_  
**(Name, City, Country and branch of bank)**

\_\_\_\_\_  
**(Account number)**

I have executed this request for withdrawal as of the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

FINANCIAL COMMODITY INVESTMENTS (FCI)  
462 Herndon Parkway, Suite 205  
Herndon, Virginia 20170

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Notes:

(a) In the event of a joint Account, all Clients must sign.

(b) In the event of an Account held in the name of a trust, partnership or corporation, please provide the full name of the entity and official title of each person executing this request for withdrawal.