



**Application for Latin American Fund Manager Incentive Program
("FMIP")
Agreement for FMIP Participation**

1. Fund Manager Applicant _____
2. Indicate the Fund Manager Applicant's total assets under management.
3. Please include a Non-Refundable Application Fee of \$2,000. Checks should be made payable to CME Group Inc.
4. The Fund Manager Applicant must complete and submit the Application for Corporate Membership / Incentive Program Participation – Corporate Information along with all required supporting documentation. In addition to the supporting documentation as required in the above Corporate Information Form, the Fund Manger Applicant must submit its registration and licensing documents, and its most recent statement of assets under management.

In addition, for each FMIP approved fund applicant, please provide the following:

- Application for Latin American Fund Manager Incentive Program – Approved Fund Form (pages 6 & 7 of this Application; make additional copies as necessary);
- Investment Management Agreement;
- The fund's most recent certified financial statements. If a certified financial statement is not available, please submit a financial statement indicating the assets, liabilities, and capital of the fund; and
- Recent daily or monthly futures account statements from the fund's clearing member firm(s).

Completed applications along with the supporting documentation should be submitted to:

CME Group Inc.
Audit Department
20 S. Wacker Drive
Chicago, IL 60606



Attestation, Authorization and Agreement for Latin American Fund Manager Incentive Program (“FMIP”) Participation

On behalf of my organization, I make this application for FMIP on CME Group Inc.

I represent that my organization meets all of the requirements for FMIP which is applied for.

I do hereby agree that, if my organization is accepted as a FMIP firm of CME Group Inc., it will comply with and agrees to be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of CME Group Inc. and all amendments thereto.

I represent that my organization meets all of the requirements for FMIP as outlined in CME Group Inc.’s FMIP Questions & Answers located on CME Group Inc.’s website at www.cmegroup.com. I further acknowledge and agree to abide by the requirements for such FMIP participation including the requirements of FMIP firms and to abide by CME Group Inc.’s Fee Policy Bulletins located on CME Group Inc.’s website at www.cmegroup.com regarding firm trading policies. I also agree to comply with all of the rules of CME Group Inc. I further represent that all current and future trading activity of my organization will conform to the requirements for such trading activity established by CME Group Inc.

I authorize CME Group Inc. to obtain information from sources that CME Group Inc. deems appropriate in order to adequately evaluate and process this application.

I attest that the information provided in this Application and the Application for Latin American Fund Manager Incentive Program Participation – Corporate Information is accurate and complete. I further acknowledge that confirming inaccurate and/or incomplete information may subject me to CME Group Inc. disciplinary action and/or penalties.

Signed and accepted by a duly authorized representative of _____.
(Organization)

Signature

Print Name

Title

Date

CME Group Inc.
Latin American Fund Manager Incentive Program
Firm Trading Attestation

(CME Group Inc. Latin American Fund Manager Incentive Program Firm)

The trades of an Approved Fund under the Latin American Fund Manager Incentive Program (“FMIP”) may receive preferential fee rates – less than charged to non-member customers. Only the fund accounts that are managed by an approved FMIP firm are entitled to the preferential fees on their FMIP trades. The reduced fee benefit does not flow downward to 100% owned subsidiaries or to affiliates of the FMIP firm.

In order for fund accounts managed by FMIP firms to receive preferential fees on CME Group Inc. trades, all trading activity must be conducted in accordance with the Questions & Answers Guide for FMIPs and must be in accordance with CME Group Inc.’s Fee Policy Bulletins which can be found on CME Group Inc.’s website at www.cmegroup.com.

An FMIP firm is evidenced through:

- Approved Fund accounts being managed must be held in the name of a fund that is managed by an approved FMIP firm.
- The financial benefit and risk shall be solely for the Approved Fund account that is managed by the FMIP firm.
- The FMIP firm must be registered and licensed by the government regulator in their respective country in Latin America.
- No non-owner traders may make any contributions or payments to the Approved Fund nor have any capital at risk in connection with their trading of the Approved Fund account.
- All contributions by owners to the Approved Fund are subject to risk of loss from any and all trading and business activities of the Approved Fund.
- All profits and losses of the Approved Fund are written off to the income of the fund and are taxed to the fund in accordance with applicable regulations.
- All trading must be done in an Approved Fund account managed by the FMIP firm.
- Approved Funds will receive discounted fees only on fund accounts that are solely managed by the FMIP fund manager.

Further, FMIP trading activity must be conducted by traders located in Latin America and that are:

- Bona-fide employees of the FMIP firm; or
- Independent contractors of the FMIP firm; or
- Bona-fide owners of the FMIP firm.

All FMIP traders must be assigned unique trader IDs, those IDs and the associated FMIP trader must be appropriately registered in CME Group’s Exchange Fee Systems and all Globex trades (orders) must be identified with the registered ID of the trader executing the trade.

CME Group Inc.
Latin American Fund Manager Incentive Program
Firm Trading Attestation

I represent that all current and future FMIP firm trading activity of my organization and its Approved Funds, receiving preferential clearing fee rates will conform to the requirements for such trading activity established by CME Group Inc.

I attest that the above information is true and correct. I further acknowledge that confirming incorrect information may subject me to CME Group Inc. disciplinary action and/or penalties.

Signed and accepted by a duly authorized representative of my organization.

Signature

Print Name

Title

Date



DESIGNATED SPOKESPERSON AND AUTHORIZED SIGNOR ACKNOWLEDGEMENT

CME Group Inc. requires that firms designate a representative who shall be authorized to deal with CME Group Inc. with respect to the membership owned or leased by the firm, as applicable, and who shall be authorized to represent the Latin American Fund Manager Incentive Program (“FMIP”) firm before CME Group Inc. Such authorized representative shall be responsible to CME Group Inc. as if such person was a member as defined by Rule 400.

FMIP Firm Name _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Phone Number _____ Tax I.D. # _____

Email Address* _____

Name and Signature of Officers Authorized to act on behalf of the firm:

Name (please print)	Signature	Designated Spokesperson	Authorized Signor
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Signature

Print Name

Title

Date

*General Correspondence will be sent electronically.



A CME/Chicago Board of Trade/NYMEX Company

Application for Latin American Fund Manager Incentive Program - Approved Fund Form

Latin American Fund Manager Incentive Program Participant _____

Approved Fund under the FMIP Participant:

Fund's Full Legal Name _____

Address _____

General Phone Number _____

Country of Domicile _____

Legal Structure (LLC, LTD, LP, etc.) _____

Regulatory Supervisor _____

Authorized Representative:

Name _____ Title _____

Phone Number _____ E-Mail Address _____

Address _____

List the CME, CBOT and/or NYMEX clearing member firm(s) that will clear the FMIP Participant's trades for the approved fund and the corresponding account numbers:

Clearing Member

Account Number

Application for Latin American Fund Manager Incentive Program - Approved Fund Form

In addition, please respond to the following questions:

Yes No

- A. Has the fund, investment manager or any present officer or partner of either ever been denied registration, or had a registration suspended, revoked, or conditioned by a governmental or regulatory authority?
- B. Has the fund, investment manager or any present officer or partner of either ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization?
- C. Has any commodity exchange, securities exchange, clearing organization or other self-regulatory body ever fined, suspended, conditioned, or revoked privileges of the fund, investment manager or any present officer or partner of either?
- D. Has the fund, investment manager or any present officer or partner of either ever been convicted, pled guilty, entered a plea of "no contest" or entered into a voluntary settlement as to any violation of any criminal or penal code?
- E. Is the fund, investment manager or any present officer or partner of either subject to any investigation or have any charges been brought by any governmental or regulatory authority or exchange/clearing organization for violation of its laws or rules?
- F. Does the fund, investment manager or any present officer or partner of either currently have any judgments, liens, attachments, or other encumbrances filed against it?

If your response is "Yes" to any of the above, please attach supporting documentation.

Please include the following for the Approved Fund Applicant:

- Investment Management Agreement;
- The fund's most recent certified financial statements. If a certified financial statement is not available, please submit a financial statement indicating the assets, liabilities, and capital of the fund; and
- Recent daily or monthly futures account statements from the fund's clearing member firm(s).

Fund - Authorized Officer, Managing Member of an LLC or Partner:

Signature	Title
Print Name	Date

Fund Manager - Authorized Officer, Managing Member of an LLC or Partner:

Signature	Title
Print Name	Date