



## Application for Clearing Membership Corporate Information

1. Organization's Full Legal Name \_\_\_\_\_

2. Type of organization (check one)

Corporation organized under the laws of \_\_\_\_\_

C Corporation

Subchapter S Corporation

(check one)

Limited Liability Company organized under the laws of \_\_\_\_\_

Limited Partnership organized under the laws of \_\_\_\_\_

General Partnership organized under the laws of \_\_\_\_\_

Other (please specify) \_\_\_\_\_

3. Date Established \_\_\_\_\_

4. Tax Identification Number \_\_\_\_\_

5. Main Address

Phone Number \_\_\_\_\_ Web Site Address \_\_\_\_\_

6. Local or Additional Address

Phone Number \_\_\_\_\_

7. Indicate the name(s), title(s) and contact information of individuals authorized to represent the organization before the Exchange(s) and its Committees.

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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8. Fiscal Year End \_\_\_\_\_
9. Public Accountant (include address, responsible partner, and direct phone number)
10. Is your organization qualified to do business in the State of Illinois and/or the State of New York? (If yes, please provide supporting documentation, if not, please provide an executed Agency Agreement to provide a place for service of process and indicate below who will be appointed).
11. Is your organization subject to any restrictions which would prohibit it from becoming a clearing member?

12. Please respond to the following:

Question	Yes	No
A. Has your organization or its principals ever been denied registration, or had a registration suspended, revoked, or conditioned by a governmental or regulatory authority?		
B. Has your organization or any affiliated organization ever failed in business, made a compromise with or assignment of assets for the benefit of creditors, or been a party to any voluntary or involuntary proceeding under any relevant Bankruptcy Law, taken advantage of any Exemption Law or pleaded the Statute of Limitations to any claim of creditors?		
C. Has your organization or its principals ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization?		
D. Has any commodity exchange, securities exchange, clearing organization or other self-regulatory body ever fined, suspended, conditioned, or revoked privileges of your organization or its principals?		

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Question	Yes	No
E. Has your organization ever used or been known by, or conducted business under, any other name?		
F. Has your organization or its principals ever been: (a) convicted of any felony, pled guilty, entered a plea of “no contest” or entered into a voluntary settlement as to any violation of any criminal or penal code, or (b) convicted of any misdemeanor or found guilty of violating a rule or regulation that involves embezzlement, theft, fraud, extortion, misappropriation of funds, forgery, or bribery, by any U.S. or foreign court, government or regulatory authority, or exchange/clearing organization?		
G. Is your organization or its principals 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?		
H. Does your organization or its principals currently have any judgments, liens, attachments, or other encumbrances filed against it?		

If your response is “Yes” to any of the above, please describe below and provide supporting documentation.

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13. List all commodity and security exchanges/clearing organizations, U.S. and non U.S., at which membership privileges are held or pending. Please indicate the type of membership held (e.g. clearing or non-clearing).
14. Is your organization registered as a Futures Commission Merchant (FCM) with the CFTC? If yes, please state your designated self-regulatory organization (DSRO).
15. Is your organization registered as a Broker/Dealer? If yes, please state your designated examining authority (DEA).
16. Is your organization registered in any other regulatory capacity? If so, please indicate the nature of the registration(s) and your lead regulator(s).
17. Will your organization carry retail Forex accounts or act as counterparty to OTC Forex transactions with customers who are not Eligible Contract Participants?
18. Will your organization clear OTC derivatives products? If so, please indicate for customer, house or proprietary accounts and indicate the type of products your organization will clear (e.g. Credit Default Swaps or Interest Rate Swaps).
19. Will your organization clear ClearPort products? If so, please indicate for customer, house or proprietary accounts and indicate the type of products your organization will clear (e.g. energy, metal or agricultural).

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20. What bookkeeping system is utilized by your organization?
- \_\_\_\_\_
21. Will you be facilities managed by a third party? If yes, who will provide facilities management? (Please provide their address and the name and direct phone number of a contact person.)
22. Does your organization intend to clear its customer futures trades? If so, please indicate the approximate date that the firm will begin clearing these trades. If not, which firm(s) will clear these trades?
- CME: \_\_\_\_\_
- CBOT: \_\_\_\_\_
- NYMEX: \_\_\_\_\_
- COMEX: \_\_\_\_\_
- GreenEx: \_\_\_\_\_
23. Does your organization intend to clear its non-customer/proprietary futures trades? If so, please indicate the approximate date that the firm will begin clearing these trades. If not, which firm(s) will clear these trades?
- CME: \_\_\_\_\_
- CBOT: \_\_\_\_\_
- NYMEX: \_\_\_\_\_
- COMEX: \_\_\_\_\_
- GreenEx: \_\_\_\_\_
24. List all branch offices transacting futures related business.

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25. List all guaranteed introducing brokers.
26. Describe the nature of your organization's anticipated business, including customer business, and complete the chart below.

**Anticipated Type of Business**  
**(Include all futures and cleared OTC related activity)**

	Number of Futures Accounts	Number of Cleared OTC Accounts	Percent of Trading Volume
Commercial Accounts	_____	_____	_____
Retail Accounts	_____	_____	_____
Institutional Accounts	_____	_____	_____
CME Floor Trader/Local Accounts	_____	_____	_____
CBOT Floor Trader/Local Accounts	_____	_____	_____
NYMEX Floor Trader/Local Accounts	_____	_____	_____
COMEX Floor Trader/Local Accounts	_____	_____	_____
Foreign Futures/Options Accounts	_____	_____	_____
Discretionary/Managed Accounts	_____	_____	_____
Omnibus Accounts	_____	_____	_____
Affiliate Accounts	_____	_____	_____
Other Noncustomer Accounts	_____	_____	_____
Proprietary (firm owned) Accounts	_____	_____	_____
Other _____	_____	_____	_____

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27. If your organization will conduct member firm proprietary trading activity, complete the chart below.

**Member Firm Account Controllers/Traders**  
**(include all member firm related trading activity)**

	Number of Traders
Bona-fide W-2 Employees	_____
Owners	_____
Exchange Members	_____
Commodity Trading Advisors	_____
Independent Contractors – IRS Form 1099-MISC	_____
Independent Contractors – IRS Form 1099-B	_____
Other (describe)	
_____	_____
_____	_____

28. Please state the name(s) and account number(s) of your customer segregated, customer cleared OTC and house settlement bank(s), as applicable.
29. List all organizations/persons who own 5% or more of your organization, including the percentage of ownership.

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30. Describe the nature of involvement in the commodities or securities industry of any organization/person who owns 5% or more of your organization.

31. Does any organization/person directly or indirectly own or control 10% or more, or have the rights to 10% or more, of the profits in your organization and any clearing member of CME, CBOT, NYMEX, COMEX, GreenEx and/or of an OTC Derivatives Clearing Member? (If yes please describe)

32. Indicate the name(s), title(s) and contact information of individuals authorized to act on behalf of the organization regarding this application and to contact for questions concerning the application.

\_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

33. Please indicate the type(s) of Clearing Membership being applied for:

CME Clearing Membership

CBOT Clearing Membership

NYMEX Clearing Membership

COMEX Clearing Membership

Green Exchange LLC Clearing Membership

Complete the appropriate CME, CBOT, NYMEX, COMEX and/or GreenEx Application for Clearing Membership – Agreement for Clearing Membership.

34. Please include with this application the following:

- Articles of Incorporation, Certificate of Incorporation, Articles of Association, Limited Liability Company Operating Agreement, and/or Partnership Agreement as applicable (including all sub-agreements).



## **Application for Clearing Membership Corporate Information**

- Resolution authorizing the person signing the application to represent the organization.
- Ownership chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure.
- Applications for Assignment of Memberships and Shares for CME, CBOT, NYMEX, and COMEX as applicable.
- Executed Settlement and Custody Account Listing and Debit Authorization.
- Executed Parent Guarantees for noncustomer and proprietary obligations pursuant to Rule 901.L. including a resolution authorizing the person signing the guarantee, if applicable (not required of general partnership applicants).
- The organization's most recent certified financial statement.
- The organization's most recent monthly financial statement including supplemental information on total customer and noncustomer risk maintenance performance bond requirements for all U.S. and foreign positions.
- A listing of all member firm traders and, as applicable, evidence of bona-fide employment for employee-traders, documentation of IRS Form 1099-MISC or IRS Form 1099-B for independent contractor-traders, and/or most recent capital account balance for owner-traders.
- Trader agreements, if applicable.
- The appropriate CME, CBOT, NYMEX, COMEX and/or GreenEx Application for Clearing Membership – Agreement for Clearing Membership with all attachments including the (a) Attestation, Authorization and Agreement for Clearing Membership, (b) Proprietary Trading Attestation and (c) Designated Spokesperson and Authorized Signor Acknowledgement.

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

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

CME Group Inc. policies require all directors, officers, employees, consultants and agents ("Representatives") to treat as confidential and to use a reasonable degree of care to maintain the confidential nature of all information received from an applicant in conjunction with an application for member firm status on a CME Group Exchange (i.e., CME, CBOT, NYMEX and COMEX). Such confidential information may only be disclosed to CME Group representatives who have a need to know such information and who are bound by these policies or who agree to protect the confidential information from unauthorized use and disclosure. CME Group Inc. acknowledges that such confidential information may not be disclosed to any third party person or entity (except pursuant to administrative or judicial

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process) without the prior written consent of the applicant providing such confidential information.

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Complete the following contact list for your organization.

**Chief Executive Officer**

**Chief Financial Officer**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**Chief Operating Officer**

**1FR / FOCUS Statement Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

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**Audit Information Bulletin/**

**Joint Audit Committee Update Contact**

**Back Office Manager**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**Brokerage Payment System Contact**

**Clearing / Trade Processing Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

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**Collateral Management Contact**

**Compliance Officer**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**Controller**

**Credit / Risk Manager**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

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**Deliveries Operations Contact**

**Designated Spokesperson**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**Exchange Fee System Contact**

**Give-Up Payment System Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

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**Interest Earning Facility Contact**

**IT Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**Legal Contact**

**New Firm Approvals Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

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**Overnight Risk Management Contact**

**Semi-Annual Contact Update Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

Address (if different than main)

**SPAN / Margin Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)



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**Access for CME Group Inc.'s Firm Contact System ("FCS")**

Please designate an individual as the FCS administrator who will be responsible for reviewing your organization's contact data. This data will be maintained on the CME portal site and must be verified periodically.

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Portal ID\* \_\_\_\_\_

(Optional 2<sup>nd</sup> Administrator)

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Portal ID\* \_\_\_\_\_

\*If the administrator does not already have a portal ID for CME Connect, please contact Firm Support at 312-930-3444 or [FirmSupport@cmegroup.com](mailto:FirmSupport@cmegroup.com) to request a portal ID for FCS.