



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 _____

**Application for Clearing Membership
Corporate Information**

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your organization or its principals ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Application for Clearing Membership
Corporate Information**

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).

**Application for Clearing Membership
Corporate Information**

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.

**Application for Clearing Membership
Corporate Information**

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 _____	_____	_____	_____

**Application for Clearing Membership
Corporate Information**

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.

**Application for Clearing Membership
Corporate Information**

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

**Application for Clearing Membership
Corporate Information**

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)

**Application for Clearing Membership
Corporate Information**

**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)

**Application for Clearing Membership
Corporate Information**

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)

**Application for Clearing Membership
Corporate Information**

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)

**Application for Clearing Membership
Corporate Information**

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)

**Application for Clearing Membership
Corporate Information**

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)

**Application for Clearing Membership
Corporate Information**

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 2nd 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 to request a portal ID for FCS.