



Application for Clearing Membership Bank 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 _____
 - ☐ Cooperative Association organized under the laws of _____
 - ☐ Other (please specify) _____
3. Date Established _____
4. U.S. Tax Identification Number (if applicable) _____
5. Main Address _____

Phone Number _____ Web Site Address _____
6. Local or Additional Address _____

Phone Number _____
7. Organization's Web Site _____
8. Indicate the name(s), title(s) and contact information of individuals authorized to represent the organization before the Exchanges, Clearing House and its Committees.

Phone Number _____ E-Mail Address _____

**Application for Clearing Membership
Bank Corporate Information**

9. Fiscal Year End _____

10. Public Accountant (include address, responsible partner, and direct phone number)

11. 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).

12. Is your organization subject to any restrictions which would prohibit it from becoming a clearing member?

13. 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
Bank Corporate Information**

Question	Yes	No
E. Has your organization ever used or been known by, or conducted business under, any other name?	<input type="checkbox"/>	
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?	<input type="checkbox"/>	

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

Application for Clearing Membership
Bank Corporate Information

14. Indicate the country of the organization's registration(s), its primary banking regulator(s), the regulator's Web Site(s), and the name, title, address, telephone number and e-mail address of a contact at its primary banking regulator(s).

15. Is your organization, a subsidiary of your organization or parent company/owner of your organization regulated by the U.S. Federal Deposit Insurance Corporation FDIC and/or U.S. Office of the Comptroller of the Currency (OCC)? If so, Please Identify the entity and its regulator(s).

16. 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).

17. What bookkeeping system is utilized by your organization for trading and/or clearing futures and/or OTC derivative products? Please state the vendor or indicate proprietary system, as applicable.

18. Will your organization be facilities managed by a third party who will perform trade processing and/or manage the back office functions? If yes, who will provide facilities management? Please provide their address and the name, direct phone number and e-mail address of a contact person.

19. List all branch offices, if applicable, transacting futures and/or cleared OTC related business.

**Application for Clearing Membership
Bank Corporate Information**

20. Describe the nature of your organization's anticipated futures and/or cleared OTC business, including affiliate/noncustomer business, if applicable.

21. 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	<hr/>
Exchange Members	<hr/>
Commodity Trading Advisors	<hr/>
Independent Contractors – IRS Form 1099-MISC	<hr/>
Independent Contractors – IRS Form 1099-B	<hr/>
Other (describe)	
<hr/>	<hr/>
<hr/>	<hr/>

22. Please state the name(s) and account number of your house settlement bank, as applicable.

23. List all organizations/persons who own 5% or more of your organization, including the percentage of ownership.

Application for Clearing Membership
Bank Corporate Information

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

25. 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, GreenX and/or of an OTC Derivatives Clearing Member? (If yes please describe)

26. 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 _____

27. 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 GreenX Application for Clearing Membership – Agreement for Clearing Membership.

**Application for Clearing Membership
Bank Corporate Information**

28. Please include with this application the following (with an English translation, if applicable):

- Articles of Incorporation, Certificate of Incorporation, Articles of Association, Limited Liability Company Operating Agreement, and/or Partnership Agreement as applicable (including all sub-agreements)
- Certificate of banking license or authorization, or equivalent, from the organization's primary regulator
- Resolution authorizing the person signing the application to represent the organization
- Authorization to do business in the State of Illinois or New York, as applicable, or executed Agency Agreement
- Organizational charts detailing the Corporate Structure (including percentages of ownership and business form) of all significant entities in the corporate structure and identifying, if applicable, all branches by location
- Applications for Assignment of Memberships and Shares for CME, CBOT, NYMEX, and COMEX as applicable
- Executed Settlement and Custody Account Listing and Debit Authorization
- The organization's most recent certified financial statement
- The organization's most recent unaudited financial statement filed with its primary banking regulator. Also, a summary of the capital and financial reporting requirements imposed upon the organization by its primary regulator.
- The most current examination report from the organization's primary banking regulator, if available
- 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
- IRS Form W-9 Request for Taxpayer Identification Number and Certification or IRS Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, as 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.

**Application for Clearing Membership
Bank Corporate Information**

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
Bank Corporate Information**

Complete the following contact list for your organization.

Chief Executive Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Chief Financial Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Chief Operating Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Regulatory Financial Statement Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Application for Clearing Membership
Bank Corporate Information

**Audit Information Bulletin/
Joint Audit Committee Update Contact**

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Back Office Manager

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Brokerage Payment System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Clearing / Trade Processing Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Application for Clearing Membership
Bank Corporate Information

Collateral Management Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Compliance Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Controller

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Credit / Risk Manager

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Application for Clearing Membership
Bank Corporate Information

Deliveries Operations Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Designated Spokesperson

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Exchange Fee System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Give-Up Payment System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Application for Clearing Membership
Bank Corporate Information

Interest Earning Facility Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

IT Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Legal Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

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
Bank 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)

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Bank 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.