



Application for Clearing Membership Hedge Fund 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 _____

6. Local Address

Phone Number _____

7. Indicate the names, titles and contact information of individuals authorized to represent the hedge fund and the investment manager before the Exchange(s) and its Committees.

Hedge Fund: _____

Phone Number _____ E-Mail Address _____

Investment Manager: _____

Phone Number _____ E-Mail Address _____

**Application for Clearing Membership
Hedge Fund Information**

8. Please indicate the following for the hedge fund.

Investment Manager

Name _____

Type of Organization _____

Address _____

Contact Name/Title _____

Phone Number _____ E-Mail Address _____

Investment Advisor

Name _____

Type of Organization _____

Address _____

Contact Name/Title _____

Phone Number _____ E-Mail Address _____

Administrator

Name _____

Type of Organization _____

Address _____

Contact Name/Title _____

Phone Number _____ E-Mail Address _____

**Application for Clearing Membership
Hedge Fund Information**

9. Please respond to the following:

Question	Yes	No
A. Has the hedge fund, the 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 hedge fund, the investment manager or any present officer or partner of either 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 the hedge fund, the 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?		
D. Has any commodity exchange, securities exchange, clearing organization or other self-regulatory body ever fined, suspended, conditioned, or revoked privileges of the hedge fund, investment manager or any present officer or partner of either?		
E. Has the hedge fund, the investment manager or any present officer or partner of either ever used or been known by, or conducted business under, any other name?		
F. Has the hedge fund, the investment manager or any present officer or partner of either 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?		

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Question	Yes	No
G. Is the hedge fund, the 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?		
H. Does the hedge fund, the 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 describe below and provide supporting documentation.

10. Fiscal Year End _____

11. Public Accountant (include address, responsible partner, and contact information)

Phone Number _____ E-Mail Address _____

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12. 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).

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

 14. List all commodity and security exchanges/clearing organizations, U.S. and non U.S., at which membership privileges are held or pending by the hedge fund or the investment manager. Please indicate the type of membership held (e.g. clearing or non-clearing).

 15. Is your organization registered as a Futures Commission Merchant (FCM) with the CFTC? If yes, please state your designated self-regulatory organization (DSRO).

 16. Is your organization registered as a Broker/Dealer? If yes, please state your designated examining authority (DEA).

 17. Is the hedge fund or investment manager registered in any other regulatory capacity? If so, please indicate the nature of the registration(s) and the lead regulator(s).

 18. Will your organization carry retail Forex accounts or act as counterparty to OTC Forex transactions with customers who are not Eligible Contract Participants?
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19. 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)

20. 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).

21. What bookkeeping system is utilized by your organization?

22. Will your organization 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.)

23. 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: _____

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24. 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: _____

25. List all branch offices transacting futures related business.

26. List all guaranteed introducing brokers.

27. Describe the nature of your organization's anticipated business, including customer business, if any. Please indicate the products you intend to trade, whether the trading will utilize automated trading systems (ATS), be electronic or floor-traded or both, speculative or for hedging purposes, and if you will day trade, carry positions overnight, or a combination.

28. If the hedge fund is organized as a "master-feeder" structure, list all feeder funds (U.S. and non-U.S.).

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29. Please state the name(s) and account number(s) of your customer segregated, customer cleared OTC and house settlement bank(s), as applicable.
30. List all organizations/persons who own 5% or more of the hedge fund or investment manager, including the percentage of ownership.
31. Describe the nature of involvement in the commodities or securities industry of any organization/person who owns 5% or more of the hedge fund or investment manager.
32. 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 the hedge fund or investment manager and any clearing member of CME, CBOT, NYMEX, COMEX, GreenEx and/or of an OTC Derivatives Clearing Member? (If yes please describe)
33. Indicate the name(s), title(s) and contact information of individuals authorized to act on behalf of the hedge fund or investment manager regarding this application and to contact for questions concerning the application.

Phone Number _____ E-Mail Address _____

**Application for Clearing Membership
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34. 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 Hedge Fund Clearing Membership.

35. Please include with this application the following:

- Articles of Incorporation, Certificate(s) of Incorporation, Articles of Association, Limited Liability Company Operating Agreement(s), and/or Partnership Agreement(s), as applicable, for the hedge fund and, if applicable, all feeder funds.
- Prospectus/Offering Documents, Investment Management Agreements, Investment Advisor Agreements, and Other Relevant Agreements for the hedge fund and, if applicable, all feeder funds.
- Resolution authorizing the person signing the application to represent the organization.
- Ownership/Organizational Chart (detailing percentages of ownership and business form) of all entities, including feeder funds/master funds, the investment manager and other management companies.
- The most recent Certified Financial Statement for the hedge fund and, if applicable, all feeder funds, and the investment manager.
- The organization's most recent monthly financial statement indicating the assets, liabilities, and capital of the hedge fund and, if applicable, all feeder funds, and the investment manager, including supplemental information on total customer and noncustomer risk maintenance performance bond requirements for all U.S. and foreign positions.
- 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).

Application for Clearing Membership Hedge Fund Information

- The appropriate CME, CBOT, NYMEX, COMEX and/or GreenEx Application for Clearing Membership - Agreement for Hedge Fund Clearing Membership including the (a) Attestation, Authorization and Agreement for Membership, (b) Investment Manager Representation and Acknowledgement, (c) Proprietary Trading Attestation and (d) 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.