



**Application for CME Over-The-Counter Derivatives  
Clearing Membership (OTC 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 \_\_\_\_\_
  - Cooperative Association organized under the laws of \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
3. Date Established \_\_\_\_\_
4. US 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. Fiscal Year End \_\_\_\_\_



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

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10. Indicate (name, title, business address, telephone number and e-mail address) who will represent your organization before the Clearing House and its Committees.

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11. Is your organization qualified to do business in the State of Illinois or the State of New York? If yes, please provide supporting documentation. If not, please execute an Agency Agreement to provide a place for service of process and indicate below who will be appointed.

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

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13. Is your organization registered in any regulatory capacity? If so, indicate the nature and country of the registration(s), your primary regulator(s), the regulator's Web Site(s), and the name, title, address, telephone number and e-mail address of a contact at your primary regulator(s).

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14. Is your organization, a subsidiary of your organization or a 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).

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15. List all commodity or 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).

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16. Has your organization or its principals ever been denied registration, or had a registration suspended, revoked, or conditioned by a government or regulatory authority? If yes, please describe and provide supporting documentation.

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17. 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? If yes, please describe and provide supporting documentation.

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18. Has your organization or its principals ever been denied membership or clearing privileges by any exchange/clearing organization? Have any such membership/clearing privileges ever been suspended, revoked, or conditioned? If yes, please describe and provide supporting documentation.

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19. Has your organization ever used or been known by, or conducted business under, any other name? If yes, please describe.

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20. Has your organization or its principals ever been: (a) convicted of any felony, or (b) convicted of any misdemeanor or found guilty of violating a rule or regulation that involved 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? If yes, please describe and provide supporting documentation.

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21. To the best of your knowledge, is your organization or its principals currently subject to an investigation (excluding routine financial audits and examinations) by any government or regulatory authority, or exchange/clearing organization? If yes, please describe and provide supporting documentation.

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

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23. 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.

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24. Does your organization intend to allow customers to execute trades in OTC derivative products? If so, please indicate the approximate date that the firm will begin to allow customers to execute these trades.

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25. Does your organization intend to clear its proprietary trades? If so, please indicate the approximate date that the firm will begin clearing these trades. If not, please indicate who will clear these trades.

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26. List all branch offices, if applicable, trading OTC derivative products.

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27. Describe the nature of your organization's anticipated OTC derivatives trading activity. Please indicate the OTC derivative products you intend to trade (i.e. financial and agricultural or agricultural only) and whether the trading activity will be for speculative or hedging purposes.

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28. Complete the chart below for your organization's anticipated type of business.

**Anticipated Type of Business**

	Number of Accounts	Percent of Trading Volume
Customers	_____	_____
Affiliate Accounts	_____	_____
Proprietary (firm owned) Accounts	_____	_____
Other _____	_____	_____



29. 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 or CBOT? If yes, please describe.

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30. Indicate the individual (including title) to contact for questions concerning this application.

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Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_



31. Please include with this application the following:

- Articles of Incorporation, Operating Agreement, or Partnership Agreement (including all sub-agreements)
- For bank applicants, the certificate of banking license or authorization, or equivalent, from the organization's primary regulator (with an English language translation, if applicable)
- List of Officers, Managing Members of an LLC, or Partners, including titles, direct telephone and fax numbers and e-mail addresses (see attached)
- Completed Contact Listing (see attached)
- Authorization to do business in the State of Illinois or New York, as applicable, or executed Agency Agreement
- Resolution authorizing the person signing the application to represent the organization
- 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
- Executed OTC Clearing Member Settlement and Custody Account Listing and Debit Authorization
- CME Clearing 360 Agreement, if applicable
- The organization's most recent certified financial statement (in the English language)
- For regulated applicants, the organization's most recent unaudited financial statement (in the English language) filed with its primary regulator. Also, a summary of the capital and financial reporting requirements imposed upon the organization by its primary regulator. For non-regulated applicants, the organization's most recent unaudited financial statement (in the English language)
- For regulated applicants, the most current examination report from the organization's primary regulator, if available
- 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



### **Authorization, Attestation and Acknowledgement**

On behalf of my organization, I make this application for CME OTC Clearing Membership. I understand that CME OTC Clearing Membership is only for the clearance of over-the-counter derivative products.

- In conjunction with this application, I also request an exemption from the parent guarantee rules for noncustomer and proprietary obligations under CME Rule 901.L., as amended.  
(check if applicable)

I represent that my organization meets all of the requirements for CME OTC Clearing Membership which is applied for. I do hereby agree that, if my organization is accepted as a CME OTC Clearing Member, it and its representatives will observe and be bound by the Bylaws, Certificate of Incorporation, all Rules (as that term is defined in the CME Rulebook) of CME including but not limited to the Rules contained in the CME Rulebook published at <http://www.cmegroup.com/market-regulation/rulebook/index.html> and all amendments thereto from time to time. All Rules of CME including but not limited to the Rules contained in the CME Rulebook and all amendments thereto from time to time are hereby incorporated fully herein as if set out fully herein.

**On behalf of my organization, except as otherwise provided in Chapters 4, 5 and 6 of the CME Rulebook, I hereby consent to the exclusive jurisdiction of any federal or state court in Chicago, Illinois with respect to any action between my organization and CME and/or a CME affiliate arising from this Agreement or the organization's CME OTC Clearing Membership, and hereby waive any right to transfer the venue of such litigation. I further agree that this Agreement and the Rules of CME and all amendments thereto shall be governed by and construed in all respects by the laws of the State of Illinois, without giving effect to principles of conflict of law.**

I authorize CME and/or CME Group Inc. to obtain information from sources that they deem appropriate in order to adequately evaluate and process this application. In addition, I authorize CME and/or CME Group Inc. to disclose or release any information regarding the organization to U.S. or foreign securities and futures regulators or markets. Such disclosure or release may only be made based on a regulatory need, or if otherwise authorized by the information-sharing agreements or procedures of the Intermarket Surveillance Group, the Intermarket Financial Surveillance Group, or the International Information Sharing Memorandum of Understanding and Agreement of March 15, 1996, or as otherwise permitted or required by law. I represent that I have the authority to legally bind the organization with respect to the authorization to release information in the circumstances set forth above.

I understand that Applicants applying for membership hereby consent to use by CME Group and its affiliates of proprietary data or other personal information regarding the Member Firm received by CME Group and its affiliates from time to time through the conduct of their businesses, including any data submitted to them to fulfill regulatory obligations, for commercial, business and marketing purposes. Without the prior consent of the applicant, CME Group and its affiliates will not reveal to non-affiliated third-parties on a non-aggregated, non-anonymized basis any of the following information that is obtained from the Member Firm



to fulfill regulatory obligations: (i) personally identifiable information, (ii) detailed transaction data, (iii) position data, (iv) investigative materials, or (v) financial source documents, except (w) as necessary to fulfill its regulatory obligations, (x) as permitted by law, (y) as required or requested by regulatory authority or (z) pursuant to a valid court order, subpoena or equivalent legal instrument.

Further, I understand that in order to be eligible for membership with any of the following DCMs (Chicago Mercantile Exchange Inc., Chicago Board of Trade, Inc., New York Mercantile Exchange, Inc., and Commodity Exchange, Inc.) applicants must ensure that their request for membership is lawfully made in accordance with the laws of the jurisdiction in which they are located. Should such a request be made unlawfully, each of the DCMs shall have the right to terminate said membership. In this situation, the sale of membership process currently described under Rule 132 of the rulebook of the Relevant DCM shall be followed.

I understand that any person or firm that obtains a CME OTC clearing membership by fraudulent representations or concealment, or by any material misstatement, shall be subject to suspension or expulsion pursuant to CME Rules, as applicable.

I attest that the information provided in this Application and the Application for Clearing Membership – Corporate Information is accurate and complete. I further acknowledge that confirming inaccurate and/or incomplete information may subject me to CME disciplinary action and/or penalties.

Officer, Managing Member of an LLC or Partner authorized to make the representations, authorizations, and acknowledgements contained in the Application for Clearing Membership and to sign such Application on behalf of the organization.

Signed and accepted by a duly authorized representative of \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**CME OTC  
Clearing Membership Application  
Contact Listing**

<u>Contact Type</u>	<u>Name</u>	<u>Telephone</u>	<u>Fax Number</u>	<u>Home Number</u>	<u>E-mail Address</u>
Chief Executive Officer	_____	_____	_____	_____	_____
Chief Financial Officer	_____	_____	_____	_____	_____
Chief Operating Officer	_____	_____	_____	_____	_____
Main Contact (daytime)	_____	_____	_____	_____	_____
Main Contact (overnight)	_____	_____	_____	_____	_____
Emergency Contact (daytime)	_____	_____	_____	_____	_____
Emergency Contact (overnight)	_____	_____	_____	_____	_____
Financial Statement Contact	_____	_____	_____	_____	_____
Audit Department Main Contact	_____	_____	_____	_____	_____
Back Office Manager	_____	_____	_____	_____	_____
Computer Room/Data Submission (1)	_____	_____	_____	_____	_____
Computer Room/Data Submission (2)	_____	_____	_____	_____	_____
Controller	_____	_____	_____	_____	_____
Credit/Risk Management	_____	_____	_____	_____	_____
Settlement	_____	_____	_____	_____	_____
Designated Spokesperson	_____	_____	_____	_____	_____
EFS (Fees) Contact	_____	_____	_____	_____	_____
Financial Emergency Contact (1)	_____	_____	_____	_____	_____
Financial Emergency Contact (2)	_____	_____	_____	_____	_____

**CME OTC  
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Contact Listing**

<u>Contact Type</u>	<u>Name</u>	<u>Telephone</u>	<u>Fax Number</u>	<u>Home Number</u>	<u>E-mail Address</u>
Firm Semi-Annual Update Contact	_____	_____	_____	_____	_____
Collateral Manager	_____	_____	_____	_____	_____
Operations Emergency Contact (1) (North American daytime)	_____	_____	_____	_____	_____
Operations Emergency Contact (2) (North American daytime)	_____	_____	_____	_____	_____
Operations Emergency Contact (1) (North American overnight)	_____	_____	_____	_____	_____
Operations Emergency Contact (2) (North American overnight)	_____	_____	_____	_____	_____
Primary Financial Contact	_____	_____	_____	_____	_____
Primary Operational Contact	_____	_____	_____	_____	_____
Primary SPAN/Margin Contact	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Vice President of Operations	_____	_____	_____	_____	_____