



Application for CTA/Hedge Fund Program*

1. Organization's Full Legal Name _____

2. Type of Organization

Corporation organized under the laws of _____

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. Total Assets under Management (USD) _____

* Please attach verification

5. Tax Identification Number or Equivalent _____

6. Business Address _____

Phone Number _____ Web Site Address _____

7. Indicate the name(s) and title(s) of individuals authorized to act on behalf of Applicant regarding incentive program matters.

Name(s) _____

Phone Number _____

Email Address _____

Fax Number _____

*** Any Information required to be provided in this application shall be treated by the CME in accordance with the CME privacy statement, which may be found at www.cmegroup.com .**

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8. Please respond to the following:

Question	Yes	No
A. Has your organization or any of 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 of its principals ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization or has any membership or clearing privileges ever been suspended, revoked, or conditioned?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your organization or any of its principals ever been convicted, pled guilty, entered a plea of “no contest” or entered into a voluntary settlement as to any violation of any criminal or penal code?	<input type="checkbox"/>	<input type="checkbox"/>
D. Is your organization or any of its directors currently 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?	<input type="checkbox"/>	<input type="checkbox"/>
E. Does your organization or any of its principals currently have any material judgments filed against it or have filed for bankruptcy within the past five years ?	<input type="checkbox"/>	<input type="checkbox"/>

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

9. Is your organization registered in any capacity with a regulatory agency? If so, indicate the type of registration and country of the registration(s) and the lead regulator(s).

10. List all commodity or security exchanges/clearing organization, domestic and foreign, at which membership privileges are held or pending. Please indicate the type of membership held (e.g. clearing, non-clearing, etc.).

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11. Does your organization currently trade at the Chicago Mercantile Exchange Inc.? If so, please identify products traded below:

Tag 50) and is submitted through CME iLink® connections in FIX Tag 50. If your firm will be entering orders directly into CME® Globex® through iLink, it must submit this identifier on all orders, and your clearing firm must keep this registration information up to date in the CME's Exchange Fee System. This identifier can be up to 18 characters and must be unique at the clearing firm(s) which guarantees the trades. Additionally, CME requires that supplemental information be provided about the ATS on a separate form (which can be found at: <http://www.cmegroup.com/globex/files/tag50rule576.pdf>: if you intend to operate an ATS system. **The CTA or Hedge Fund is responsible for providing its clearing firm(s) all of the required information, including the employee's name, last four digits of their tax id, date of birth, e-mail address, country of trade origin and operator id (identified as the Tag 50 id on all orders submitted to CME Globex).**

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14. Please include with this application the following:

- The organization's most recent certified financial statement (if available).
- Disclosure documents for \$1 Billion Total Assets under Management verification.

Contact Information and Application return:

For additional information or to receive an application you may contact the following:

Main Contact and Application Approver:

Craig LeVeille 312-454-5301
Email: CTA_HF_Pilot_Program@cmegroup.com

You can also return hard copy applications:

By Mail: FX Department
Attn: **Craig LeVeille**
CME Group Inc.
20. South Wacker Dr.
Chicago IL, 60606

By Fax: FX Department
Attn. Craig LeVeille, Foreign Exchange Products
Fax # 312-930-8219

Customers outside of the US can also receive program information from our international offices:

In Europe: Will Patrick, Foreign Exchange Products
Email: CTA_HF_Pilot_Program@cmegroup.com
T +44 20 3379 3721

In Asia: KC Lam, Foreign Exchange Products
Email: CTA_HF_Pilot_Program@cmegroup.com
T +65 6593 5561

Attestation and Authorization

On behalf of my organization, I make this application for the CTA/Hedge Fund Incentive Program.

I represent that my organization meets the \$250 Million under management requirement of CTA/Hedge Fund Incentive Program.

I further acknowledge and agree to abide by the requirements for such pilot program including the requirements regarding Trading Activity of CTA/Hedge Fund Incentive Program Participants. I also agree to comply with all of the rules, regulations and policies of Chicago Mercantile Exchange Inc. I further represent that all current and future trading activity of my organization will conform to the requirements for such trading activity established by Chicago Mercantile Exchange Inc.

I authorize Chicago Mercantile Exchange Inc. to obtain information from sources that Chicago Mercantile Exchange Inc. deems appropriate in order to adequately evaluate and process this application.

I acknowledge that I will receive CTA/Hedge Fund Program preferential trading fees when my application is approved by the CME and not earlier.

I understand that I am responsible providing accurate clearing firm and account information to the CME in order to receive the preferential rates, including changes made to existing accounts or additional accounts added after my initial approval. Additionally, it is my responsibility to advise all clearing member firms carrying my account that I have applied for the CME CTA/Hedge Fund Program and am entitled to preferential rates when my application is approved.

I acknowledge and agree that the CTA/Hedge Fund Program may be reviewed and modified or amended by CME from time to time. Additionally, I acknowledge and agree that the CTA/Hedge Fund Program may be terminated by CME for any reason and at any time whatsoever in CME’s sole discretion

Signed and accepted by a duly authorized representative of

(Organization)

Signature

Print Name

Title

Date

For Internal Use Only

Approval Signature

Date

