



(FOR CURRENT CME, CBOT, NYMEX OR COMEX CLEARING MEMBERS)

APPLICATION FOR CLEARING MEMBERSHIP ON GREEN EXCHANGE LLC (“GREEN EXCHANGE”)

1. Applicant _____

2. Has Applicant applied or been admitted as a Participant in the Green Exchange? _____

3. Applicant is currently a Clearing Member of:

(Check all that apply)

- CME
- CBOT
- NYMEX
- COMEX

4. Applicant, currently a clearing member of CME, CBOT, NYMEX and/or COMEX, would like to apply to become a Clearing Member of the Green Exchange. Applicant hereby represents that there have been no significant changes in operations, trading activity, personnel, or capital position that CME Group Inc. has not been made aware of, except those set forth below: (Please provide supporting documentation as necessary)

A completed application for clearing membership on Green Exchange along with all supporting documentation should be submitted to:

CME Group Inc.
Audit Department
20 S. Wacker Drive
Chicago, IL 60606



ATTESTATION, AUTHORIZATION AND AGREEMENT FOR MEMBERSHIP

On behalf of my organization, I make this application with Chicago Mercantile Exchange Inc. ("CME") for Clearing Membership on Green Exchange LLC ("Green Exchange").

I represent that my organization meets all of the requirements for Green Exchange Clearing Membership which is applied for and that my organization has submitted a Green Exchange Participant Application and Agreement. I do hereby agree that, if my organization is accepted as a Clearing Member of Green Exchange, it and its representatives will observe and be bound by the Rules of Green Exchange and all amendments thereto, and 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 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 the Rules of the Green Exchange and 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 Green Exchange 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 Green Exchange and/or CME Group Inc. to obtain information from sources that they deem appropriate in order to adequately evaluate and process this application, including, without limitation, all information currently on file with CME, CBOT, NYMEX or COMEX related to this organization. In addition, I authorize Green Exchange 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 further acknowledge and agree to abide by the requirements for such clearing membership and also agree to comply with all of the rules of Green Exchange.

I attest that the information provided in this Application for Clearing Membership on Green Exchange is accurate and complete. I further acknowledge that confirming inaccurate and/or incomplete information may subject me to Green Exchange and/or 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 on Green Exchange 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)



**GREEN EXCHANGE CLEARING MEMBER
DESIGNATED SPOKESPERSON AND AUTHORIZED SIGNOR ACKNOWLEDGEMENT**

CME requires that Green Exchange clearing member firms designate a representative who shall be authorized to represent the clearing member before CME.

Clearing Member Name _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Phone Number _____ Tax I.D. # _____

Email Address* _____

Name and Signature of Officers Authorized to act on behalf of the firm:

Name (please print)	Signature	Designated Spokesperson	Authorized Signor
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Signature

Print Name

Title

Date

*General Correspondence will be sent electronically.

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (DEBITS AUTHORIZATION IS NOT TRANSFERABLE OR NEGOTIABLE)

Clearing Firm hereby authorizes CME Group Inc., including any of its subsidiaries, to initiate debit entries to the checking account indicated below and the bank named below for the payment of amounts owed by Clearing Firm to CME Group Inc., including its subsidiaries, Chicago Mercantile Exchange Inc., The Board of Trade of the City of Chicago, Inc. and The New York Mercantile Exchange or to any third-party exchange to which CME Group, Inc. or its subsidiaries provides clearing services, including the Dubai Mercantile Exchange, Inc. or will provide clearing services, including the Green Exchange LLC (once it is designated as a contract market).

Clearing Firm agrees to instruct its bank to honor all such transfers. In the event a transfer is returned to CME Group Inc. dishonored and uncollected, the amount indicated on the transfer will be immediately due and payable, and further participation in this service may be terminated at the option of CME Group Inc. In the event Clearing Firm chooses to discontinue this service, Clearing Firm agrees to honor any transfers covering amounts due and owing to CME Group Inc. which have been drawn on its account prior to receipt by CME Group Inc. of written notice of such discontinuance.

Clearing Firm understands that CME Group Inc. reserves the right to cancel this service at any time upon written notice to Clearing Firm. Clearing Firm also reserves the right to cancel its participation in this service by prior written notice.

Clearing Firm understands CME Group Inc. will debit Clearing Firm's bank account on the 7th business day of the month for Clearing/Exchange Fees and Non-Clearing Charges on the 25th day of the month.

I. BANK INFORMATION (Please attach a void check)

BANK: _____

CITY: _____ **STATE:** _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

II. CLEARING FIRM INFORMATION

FIRM NAME: _____

FIRM NO: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE NUMBER: _____

This authorization is to remain in effect until cancelled by either CME Group Inc. or the undersigned.

AUTHORIZED SIGNATURES

_____	_____
NAME	TITLE
_____	_____
NAME	TITLE

Customer accounts payable or accounting contact/phone number: