

## Application for 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 \_\_\_\_\_  
Other (please specify) \_\_\_\_\_
3. Date Established \_\_\_\_\_
4. Tax Identification Number \_\_\_\_\_
5. Main Address  
  
Phone Number \_\_\_\_\_ Web Site Address \_\_\_\_\_
6. Local or Additional Address  
  
Phone Number \_\_\_\_\_
7. Indicate the name(s), title(s) and contact information of individuals authorized to represent the organization before the Exchange(s) and its Committees.  
  
Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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8. Fiscal Year End \_\_\_\_\_
9. Public Accountant (include address, responsible partner, and direct phone number)

10. 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).

\_\_\_\_\_

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

12. 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?		
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?		
C. Has your organization or its principals 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 your organization or its principals?		

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- | Question   | Yes | No |
|--|-----|----|
| E. Has your organization ever used or been known by, or conducted business under, any other name?  |     |    |
| 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?  |     |    |

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

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13. 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).
  
  
  
  
  
  
  
  
  
  
14. Is your organization registered as a Futures Commission Merchant (FCM) with the CFTC? If yes, please state your designated self-regulatory organization (DSRO).
  
  
  
  
  
  
  
  
  
  
15. Is your organization registered as a Broker/Dealer? If yes, please state your designated examining authority (DEA).
  
  
  
  
  
  
  
  
  
  
16. Is your organization registered in any other regulatory capacity? If so, please indicate the nature of the registration(s) and your lead regulator(s).
  
  
  
  
  
  
  
  
  
  
17. Is your organization registered as a Security Futures Product Notice-Registrant?
  
  
  
  
  
  
  
  
  
  
18. Will your organization trade Security Futures Products? If so, please indicate customer, house or both.
  
  
  
  
  
  
  
  
  
  
19. What bookkeeping system is utilized by your organization?

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20. Will you 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.)

21. Does your organization intend to clear its customer 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: \_\_\_\_\_

22. Does your organization intend to clear its non-customer/proprietary 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: \_\_\_\_\_

23. List all branch offices transacting futures related business.

24. List all guaranteed introducing brokers.

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25. Describe the nature of your organization's anticipated business, including customer business, and complete the chart below.

**Anticipated Type of Business  
(Include all futures related trading activity)**

	Number of Accounts	Percent of Trading Volume
Commercial Accounts	_____	_____
Retail Accounts	_____	_____
Institutional Accounts	_____	_____
CME Floor Trader/Local Accounts	_____	_____
CBOT Floor Trader/Local Accounts	_____	_____
NYMEX Floor Trader/Local Accounts	_____	_____
COMEX Floor Trader/Local Accounts	_____	_____
Foreign Futures/Options Accounts	_____	_____
Discretionary/Managed Accounts	_____	_____
Omnibus Accounts	_____	_____
Affiliate Accounts	_____	_____
Other Noncustomer Accounts	_____	_____
Proprietary (firm owned) Accounts	_____	_____
Other _____	_____	_____

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26. If your organization will conduct member firm 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	_____
Owners	_____
Exchange Members	_____
Commodity Trading Advisors	_____
Independent Contractors – 1099-MISC	_____
Independent Contractors – 1099-B	_____
Other (describe)	
_____	_____
_____	_____

27. Please state the name(s) and account number(s) of your customer and house settlement bank(s).

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

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29. Describe the nature of involvement in the commodities or securities industry of any organization/person who owns 5% or more of your organization.
30. 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 and/or COMEX? (If yes please describe)
31. 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.

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Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

32. Please indicate the type(s) of Clearing Membership being applied for:

CME Clearing Membership

CBOT Clearing Membership

NYMEX Clearing Membership

COMEX Clearing Membership

Complete the appropriate CME, CBOT, NYMEX and/or COMEX Application for Clearing Membership – Agreement for Clearing Membership.

## **Application for Clearing Membership Corporate Information**

33. Please include with this application the following:

- Articles of Incorporation, Certificate of Incorporation, Articles of Association, Limited Liability Company Operating Agreement, and/or Partnership Agreement as applicable (including all sub-agreements).
- Resolution authorizing the person signing the application to represent the organization.
- Ownership chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure.
- 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).
- The organization's most recent certified financial statement.
- The organization's most recent monthly financial statement including supplemental information on total customer and noncustomer risk maintenance performance bond requirements for all U.S. and foreign positions.
- 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, and/or most recent capital account balance for owner-traders.
- Trader agreements, if applicable.
- The appropriate CME, CBOT, NYMEX and/or COMEX 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.

Completed applications along with all supporting documentation should be submitted to:

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

**Application for Clearing Membership  
Corporate Information**

Complete the following contact listing for your organization. For contact types marked with an asterisk (\*), you must provide both mobile and home telephone numbers. For all others please provide one or the other.

**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)

**1FR / FOCUS Statement Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Address (if different than main)

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**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  
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**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  
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**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  
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**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  
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**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)