

**Application for Corporate Membership
COMEX Non-Clearing Member Firm
Agreement for Membership**

1. Applicant _____

2. Is the applicant qualified to do business in 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.

3. Indicate if the memberships will be purchased or assigned (conferred).

 Purchased
 Assigned (Conferred)
(check one)

4. Indicate the members who will hold the memberships and their position (title) with the applicant.

Completed applications along with the supporting documentation and the Application for Corporate Membership – Corporate Information 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 for COMEX Non-Clearing Member Firm corporate membership on Commodity Exchange, Inc. ("COMEX").

I represent that my organization meets all of the requirements for COMEX Non-Clearing Member Firm corporate membership which is applied for.

I do hereby agree that, if my organization is accepted as a corporate member of COMEX, it will comply with and agrees to be bound all applicable Bylaws, Certificate of Incorporation, Rules and Regulations of COMEX and all amendments thereto.

I further acknowledge and agree to abide by the requirements for such corporate membership including the requirements regarding member firm trading activity. I also agree to comply with all of the applicable rules of COMEX. I further represent that all current and future member firm trading activity of my organization will conform to the requirements for such trading activity established by CME Group Inc.

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

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

Signed and accepted by a duly authorized representative of _____.
(Applicant)

Signature

Print Name

Title

Date

**Commodity Exchange, Inc.
COMEX Non-Clearing Member Firm
Member Firm Trading Attestation**

(COMEX Non-Clearing Member Firm)

The trades of a COMEX Non-Clearing Member Firm (“COMEX Member Firm”) may receive preferential fee rates – less than charged to non-member customers. Only the entity holding the COMEX Member Firm membership is entitled to the preferential fees on its member firm trades. The reduced fee benefit does not flow downward to 100% owned subsidiaries or to affiliates of the COMEX Member Firm.

In order for COMEX Member Firms to receive preferential fees on COMEX trades, all member firm trading must be conducted in accordance with COMEX’s member firm trading policies.

A member firm trading account is evidenced through:

- The financial benefit and risk shall be solely of the member firm – only firm capital is at risk of loss.
- No non-owner traders may make any contributions or payments to the member firm or member firm trading account nor have any capital at risk in connection with their trading of the member firm account.
- All contributions by owners of the member firm are subject to risk of loss from any and all trading and business activities of the firm.
- All profits and losses of the member firm account are written off to the income of the member firm and are taxed to the member firm in accordance with IRS regulations.
- All trading must be done in member firm trading accounts held in the name of the COMEX Member Firm.

I represent that all current and future member firm trading activity of my organization, a COMEX Member Firm, receiving preferential clearing fee rates will conform to the requirements for such trading activity established by CME Group Inc.

I attest that the above information is true and correct. I further acknowledge that confirming incorrect information may subject me to CME Group Inc. disciplinary action and/or penalties.

Signed and accepted by a duly authorized representative of my organization.

Signature

Print Name

Title

Date



A CME/Chicago Board of Trade/NYMEX Company

**MEMBER FIRM
DESIGNATED SPOKESPERSON AND AUTHORIZED SIGNOR ACKNOWLEDGEMENT**

CME, CBOT, NYMEX and COMEX requires that member firms designate a representative who shall be authorized to deal with the Exchanges with respect to the membership owned or leased by the firm and who shall be authorized to represent the member firm before the Exchanges. Such authorized representative shall be responsible to the Exchanges as if such person was a member.

Member Firm 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 |
|---------------------|-----------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Print Name

Title

Date

*General Correspondence will be sent electronically.