



**CME Group Family Farmer & Rancher Protection Fund  
Customer Application for Registration**

Customer: \_\_\_\_\_

If Customer is not an individual person, please provide names of any individuals that are authorized to act on behalf of Customer regarding this Application and to contact for questions concerning the Application:

\_\_\_\_\_  
\_\_\_\_\_

Completed Applications and supporting documents should be submitted electronically in Adobe Acrobat format to:  
**familyfarmerfund@cmegroup.com**

Alternately, applications and supporting documents may be mailed to:

CME Audit Department  
Attention: Farmer Fund Applications  
20 S.Wacker Dr.  
Chicago, Illinois 60606

The CME Group Family Farmer & Rancher Protection Fund (the "Program") is administered by Chicago Mercantile Exchange Inc. ("CME"), a wholly-owned subsidiary of CME Group Inc. The Program is subject to the Terms & Conditions posted on the CME Group website, [www.cmegroup.com/familyfarmerfund](http://www.cmegroup.com/familyfarmerfund), as updated from time to time. In order to be registered and considered eligible to participate in the Program's benefits, you must have completed this Application, provided any follow-up information that is requested and received notice from CME that your registration is complete.

Questions concerning the Program may be submitted by email to:  
**familyfarmerfund@cmegroup.com**



**CME Group Family Farmer & Rancher Protection Fund  
Customer Information**

1. Applicant's Full Legal Name: \_\_\_\_\_
2. Person or Entity Type (check one)
  - ☐ Individual
  - ☐ 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 \_\_\_\_\_
  - ☐ Agricultural Cooperative
  - ☐ Other (please specify) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
  
Phone Number \_\_\_\_\_  
  
E-mail Address \_\_\_\_\_  
  
SSN: \_\_\_\_\_ OR  
  
FEIN: \_\_\_\_\_
4. If Applicant is not an individual person, list the name(s), title(s), email addresses and phone number of individuals authorized to represent Applicant in connection with the Program.  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
5. You must submit, along with this Application, a copy of your most recently filed U.S. federal income tax return. Your tax return information must indicate that you received

income from farming or ranching activity, either on Schedule F attached to Applicant's other federal income tax return documents or Form 1120-C for agricultural cooperatives.

Applicant certifies that Applicant derives income from farming or ranching activity or as an agricultural cooperative organization. Forms attached:

- ☐ U.S. federal income tax return, including Schedule F
- ☐ Form 1120-C federal income tax return for cooperative associations

As described in the Terms & Conditions for the Program, a registered participant must meet all applicable eligibility criteria at the time that its clearing member becomes insolvent to be eligible for benefits under the Program. CME may require that updated eligibility information be submitted from time to time.

### **Clearing Firm and Account Information**

You may register for the Program one or more accounts with one or more participating clearing firms. All registered accounts must satisfy the requirements described in the Terms and Conditions for the Program. In particular, your registered accounts may only hold open positions in eligible products of CME Group exchanges. It is your responsibility to confirm that your clearing firm has agreed to participate in the Program (a list may be found at [www.cmegroup.com/farmerfundproducts](http://www.cmegroup.com/farmerfundproducts)) and that your registered accounts satisfy the Program's requirements.

Clearing Member

Account Number




### **Certification and Authorization for Program Registration**

1. Applicant requests that CME register it and its accounts listed above for benefits under the CME Group Family Farmer & Rancher Protection Fund.
2. Applicant represents and warrants that the information set forth in this Application is true, correct and complete as of the date below and agrees to notify CME in writing (at the address on the first page of this Application) of any material changes to its information.
3. Applicant had read and understands the Terms & Conditions of the Program. Applicant agrees that the information provided by it in this Application may be used by CME as described in the Terms & Conditions.

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Signature

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Print Name

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Title (if Applicable)

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Date