CME Group

APPLICATION FOR REGISTRATION AS A
NYMEX/COMEX POWER OF ATTORNEY ("POA") ELECTRONIC TRADER

NYMEX/COMEX MEMBER DESIGNATING POA ELECTRONIC TRADER:

Name of NYMEX /COMEX Member: _____

    a.   □ NYMEX □ COMEX
    b.   □ FULL   □ LESSEE   c.   Membership Number:_____

Member's Contact Information:

Email Address: _____

Home Phone: _____   Cell:_____

Business: _____

POA DESIGNEE:

Name of POA: _____

□ I am currently registered as a clerk for _____; if yes:

□ I wish / □ I do not wish to maintain my clerk registration in connection with this POA Application.

Home Address: _____
                 Number   Street   Apt./Ste.

_____
                 City   State   Zip Code

Email Address: _____

D.O.B. _____   Last 4 SS# _____

Home Phone: (_____)_____   Cell Phone: (_____)_____

Business: (_____)_____

By execution of the Application for Registration as a NYMEX/COMEX Power of Attorney ("POA") Electronic Trader ("Application"), I hereby agree to abide by and be subject to the Certificate of Incorporation, By-Laws and Rules of the Exchange as they now exist, and any amendments which may be made thereto in the future.

I certify that all of my statements on the above application are accurate and complete and that I have read and understood all of the provisions contained in the application. I understand that any misstatements, omissions, or false statements in this application will be sufficient cause for revocation of my registrations.

_____   _____
Signature of POA Designee   Signature of NYMEX/COMEX Member

_____   _____
Print Name of POA Designee   Print Name of NYMEX/COMEX Member

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STATEMENT BY MEMBER'S PRIMARY CLEARING MEMBER ("PCM")

ATTENTION: NYMEX/COMEX Membership Department

This will confirm that we are the PCM for NYMEX / COMEX Member

_____.

This further confirms that we are aware that _____

will be designated as a POA Electronic Trader for _____.

In accordance with the terms and conditions of the NYMEX/COMEX POA Electronic Trader Program and the By-Laws and Rules of the Exchange, trades executed by the POA will be accepted for clearance in the following account. The account is held as follows:

Account Name: _____

Account Tax ID: _____

Account Number: _____

We acknowledge that upon the Exchange's approval of the POA Electronic Trader noted above, the Exchange's clearing system will indicate us as the PCM for said POA Electronic Trader. Additionally, we acknowledge that upon approval, we must register the POA Electronic Trader's Operator ID (Tag 50 ID) in CBOT's and NYMEX's Combined Fee System (CFS). In the event that we no longer act as PCM for the NYMEX Member noted above, we will, immediately notify the Membership Department and provide all other notices otherwise required by the By-Laws and Rules of the Exchange.

Clearing Member: _____

Authorized Signatory: _____
                             Print Name

Authorized Signatory: _____
                             Signature

Date: _____