

**Application for Corporate Membership
NYMEX Non-Clearing Member Firm
Hedge Fund Agreement for Membership**

1. Applicant _____
2. Is the hedge fund 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 and CME Group Inc. shares will be purchased or assigned (conferred).

Memberships will be:

- Purchased
 Assigned (Conferred)
(check one)

Shares will be:

- Purchased
 Assigned (Conferred)
(check one)

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

Completed applications along with the supporting documentation and the Application for Corporate Membership – Hedge Fund Information should be submitted to:

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



A CME/Chicago Board of Trade/NYMEX Company

Attestation, Authorization and Agreement for Membership

On behalf of my organization, I make this application for NYMEX Non-Clearing Member Firm corporate membership on New York Mercantile Exchange, Inc. ("NYMEX").

I represent that my organization meets all of the requirements for NYMEX 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 NYMEX, it will comply with and agrees to be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of NYMEX 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 rules of NYMEX. 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 – Hedge Fund 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 _____.
(Hedge Fund)

Signature

Print Name

Title

Date

**Investment Manager
Representation and Acknowledgement**

(Hedge Fund)

In consideration of New York Mercantile Exchange, Inc. (“NYMEX”) accepting the above hedge fund as a NYMEX Non-Clearing Member Firm, we, the investment manager, and our representatives agree to comply with and be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of NYMEX and all amendments thereto.

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

This Representation and Acknowledgement must be signed by an Officer, Managing Member of an LLC or Partner authorized to make the above representation and acknowledgment on behalf of the Investment Manager.

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

Signature

Print Name

Title

Date

**New York Mercantile Exchange, Inc.
NYMEX Non-Clearing Member Firm
Member Firm Trading Attestation**

(NYMEX Non-Clearing Member Firm)

The trades of a NYMEX Non-Clearing Member Firm (“NYMEX Member Firm”) may receive preferential fee rates – less than charged to non-member customers. Only the entity holding the NYMEX 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 NYMEX Member Firm.

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

I represent that all current and future member firm trading activity of my organization, a NYMEX 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.