

**CHICAGO MERCANTILE EXCHANGE, INC. (“CME”)
CHICAGO BOARD OF TRADE, INC. (“CBOT”)
NEW YORK MERCANTILE EXCHANGE, INC. (“NYMEX”)
COMMODITIES EXCHANGE, INC. (“COMEX”)**

CLEARING MEMBERSHIP APPLICATION FORM



Thank you for your interest in Clearing Membership with one or more CME Group exchanges. Please review and follow all directions contained in this application packet carefully. Please note that any incomplete or missing information will extend the review process. Prior to submitting the application, each applicant should ensure the following:

1. Ensure all questions on the application have been thoroughly reviewed and completely answered.
2. Ensure all supporting documents are submitted.
3. Ensure a scanned copy of the application and all applicable supporting documentation may be emailed to FRSAdmin@cmegroup.com or is mailed to the following address:

CME Group Inc.
c/o FRS Management Team
20 S. Wacker Drive
Chicago, IL 60606

CME Group Inc. policies require all its directors, officers, employees, consultants and agents (“Representatives”) to treat as confidential and to use a reasonable degree of care to maintain the confidential nature of all information received from an applicant in conjunction with an application for member firm status on a CME Group Exchange (i.e., CME, CBOT, NYMEX and COMEX). Such confidential information may only be disclosed to CME Group representatives who have a need to know such information and who are bound by these policies and who agree to protect the confidential information from unauthorized use and disclosure. CME Group Inc. acknowledges that such confidential information may not be disclosed to any third-party person or entity (except pursuant to administrative or judicial process) without the prior written consent of the applicant providing such confidential information. CME Group collects and uses personal information for the purposes for which it was obtained. For further information, please reference CME Group’s Privacy Policy or contact the Privacy Office at privacy@cmegroup.com.

Application and Agreement for Clearing Membership

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 _____
 - Cooperative Association organized under the laws of _____
 - Other (please specify) _____
3. Date Established _____
4. a. U.S. Tax Identification Number _____
b. Legal Entity Identifier (LEI) _____
5. Main Address _____

Phone Number _____ Web Site Address _____
6. U.S. 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 _____



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? If "Yes", please provide supporting information.

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your organization or its principals ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>



Question	Yes	No
E. Has your organization ever used or been known by, or conducted business under, any other name?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
G. To the best of your knowledge, is your organization or its principals currently subject to an investigation (excluding routine financial audits and examinations) by any government or regulatory authority, or exchange/clearing organization?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does your organization or its principals currently have any judgments, liens, attachments, or other encumbrances filed against it?	<input type="checkbox"/>	<input type="checkbox"/>

If your response is “Yes” to any of the above, please describe below and provide supporting documentation. (Alternatively, a suggested template for 12.G. is attached to the application.)



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, or any affiliate, registered as a Broker/Dealer with the SEC? If yes, please state your designated examining authority (DEA).

16. Is your organization registered in any other regulatory capacity? If so, indicate the nature and country of registration(s), your primary regulator(s), the regulator's Web Site(s), and the name, title address, telephone and e-mail address of a contact at your primary regulator. If a bank, include primary banking regulator and applicable information.



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17. Please select one:

You have obtained any required consent, authorization, and approval of, have filed with, and have taken all other actions required by any governmental authority or regulatory body, or under any law, rule, or regulation applicable to the firm in connection with the application for clearing membership of each Applicable Exchange *[Please provide a copy of such document(s)];* or

No consent or approval of, filing with, or other action is required by any governmental authority or regulatory body, or under any law, rule, or regulation applicable to the firm in connection with the application of clearing membership for each applicable Exchange. *[Please provide an opinion of outside counsel.]*

18. Is your organization, a subsidiary of your organization or parent company/owner of your organization regulated by the U.S. Federal Deposit Insurance Corporation (FDIC) and/or U.S. Office of the Comptroller of the Currency (OCC)? If so, please identify the entity and its regulator(s).

19. Will your organization carry retail Forex accounts or act as counterparty to OTC Forex transactions with customers who are not Eligible Contract Participants?

20. Will your organization clear swap or forward products? If so, please indicate for customer, non-customer or proprietary accounts and indicate the type of products your organization will clear (e.g., interest rate, commodity and/or energy swaps and/or foreign exchange and/or metal forwards).

21. Will your organization clear ClearPort products? If so, please indicate for customer, non-customer or proprietary accounts and indicate the type of products your organization will clear (e.g. energy, metal or agricultural).



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22. What bookkeeping system(s) are utilized by your organization for futures and/or cleared swaps/forwards activity? Please state the vendor or indicate proprietary system, as applicable.

Futures: _____

Swaps/Forwards _____

23. Will your organization 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 and e-mail address of a contact person.)

24. Does your organization intend to clear its customer futures and/or cleared swaps/forwards products? If so, please indicate the approximate date that the firm will begin clearing these products.

CME: _____

CBOT: _____

NYMEX: _____

COMEX: _____

CME Swaps/Forward: _____

25. Does your organization intend to clear its non-customer/affiliate/proprietary futures and/or cleared swaps/forward products? If so, please indicate the approximate date that the firm will begin clearing these products.

CME: _____

CBOT: _____

NYMEX: _____

COMEX: _____

CME Swaps/Forwards: _____



26. If the applicant is an FCM, list all branch offices transacting futures related business.

27. If the applicant is an FCM, list all guaranteed introducing brokers.

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

Anticipated Type of Business
(Include all futures and cleared swaps/forward related activity)

	Number of Futures Accounts	Number of Cleared Swap/ Forward Accounts	Percent of Trading Volume
Commercial Accounts	_____	_____	_____
Retail Accounts	_____	_____	_____
Institutional Accounts	_____	_____	_____
Individual Exchange Member Accounts	_____	_____	_____
Discretionary/Managed Accounts	_____	_____	_____
Omnibus Accounts	_____	_____	_____
Affiliate Accounts	_____	_____	_____
Other Noncustomer Accounts	_____	_____	_____
Proprietary (firm owned) Accounts	_____	_____	_____
Other _____	_____	_____	_____



29. If your organization will conduct member firm proprietary 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 – IRS Form 1099-MISC	_____
Independent Contractors – IRS Form 1099-B	_____
Other (describe)	
_____	_____
_____	_____

30. Please state the name(s) and account number(s) of your customer segregated, cleared swaps customer and house settlement bank(s), as applicable.

31. 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)



32. 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.

Phone Number _____ E-Mail Address _____

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

- CME Clearing Membership
- CBOT Clearing Membership
- NYMEX Clearing Membership
- COMEX Clearing Membership

- CME OTC Clearing Membership (please indicate products below)
 - Interest Rate Swaps
 - Agricultural or Energy Swaps and/or Foreign Exchange or Metal Forwards



PLEASE INCLUDE THE FOLLOWING WITH THE APPLICATION:

All documents but be submitted in English or accompanied by an English translation

- Articles of Incorporation, Certificate of Incorporation, Articles of Association, Limited Liability Company Operating Agreement, and/or Partnership Agreement as applicable (including all sub-agreements). Notes, these documents may also be required for any entity in the organizational structure up to and including the ultimate parent level.
- For bank applicants, the certificate of banking license or authorization, or equivalent, from the organization's primary regulator.
- Notarized Certificate of Incumbency/Secretary Certificate (template within application).
- Designated Spokesperson and Authorized Signor Form (attached).
- Ownership chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure.
- Executed Settlement and Custody Account Listing and Debit Authorization.
- The organization's most recent certified financial statement.
- For regulated applicants, the organization's most recent unaudited financial statement filed with its primary regulator. Also, a summary of the capital, financial reporting, and customer protection requirements imposed upon the organization by its primary regulator.
- For nonregulated applicants, the organization's most recent unaudited 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 non-U.S. futures and cleared swap/forward positions.
- If registered as an FCM, the firm's Risk Management Program as required by CFTC Regulations 1.11 and 1.73.
- IRS Form W-9 Request for Taxpayer Identification Number and Certification or IRS Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, as applicable.
- 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. (See attached template)
- Trader agreements, if applicable.
- Completed Contact List (attached).



Clearing Membership Agreement

The undersigned (the “**Company**”) applies to be a clearing member of Chicago Mercantile Exchange Inc. for the following exchanges and/or OTC clearing memberships: [Check all that apply]

- Chicago Mercantile Exchange Inc. (“CME”)
- Board of Trade of the City of Chicago, Inc. (“CBOT”)
- New York Mercantile Exchange, Inc. (“NYMEX”)
- Commodity Exchange, Inc. (“COMEX”)

OTC

- Chicago Mercantile Exchange Inc. OTC-Foreign Exchange (“OTC FX”)
- Chicago Mercantile Exchange Inc. OTC-Interest Rate Swaps (“OTC IRS”)

Section 1 Adherence to Rulebook(s)

Company agrees that upon its acceptance as a Clearing Member of the above checked exchanges (and acceptance as a clearing member of any exchange(s) for which it applies in the future to be a clearing member)(“**Applicable Exchange(s)**”), it and its representatives will observe and be bound by the Bylaws, Certificate of Incorporation, and all Rules (as defined in each Applicable Exchange’s Rulebook¹) as amended from time to time. All Rules of each Applicable Exchange and all amendments thereto from time to time are hereby incorporated fully herein as if set out fully herein. Capitalized terms used but not defined herein shall have the respective meanings assigned thereto in the Rules.

Upon approval as a clearing member, Company agrees to abide by the requirements for such clearing membership at each Applicable Exchange.

¹ Each Applicable Exchange’s Rulebook can be found at <http://www.cmegroup.com/market-regulation/rulebook/index.html>.



Section 2 Authorizations

- 1) Company authorizes each Applicable Exchange and their affiliates to obtain information from sources it deems appropriate in order to adequately evaluate and process this application.
- (2) Company authorizes each Applicable Exchange and their affiliates to disclose or release any information regarding Company to U.S. or foreign securities and futures regulators or markets. Such disclosure or release may only be made based on a regulatory need, or if otherwise authorized by the information-sharing agreements or procedures of the Intermarket Surveillance Group, the Intermarket Financial Surveillance Group, or the International Information Sharing Memorandum of Understanding and Agreement of March 15, 1996 as amended with CME's consent from time to time, or as otherwise permitted or required by law.

Section 3 Representations and Warranties

Company represents and warrants to each Applicable Exchange that:

- (1) it meets all of the requirements for clearing membership at each Applicable Exchange at which clearing membership is applied for;
- (2) all current and future member firm trading activity of Company will conform to the requirements for such trading activity established by each Applicable Exchange;
- (3) as of the date of this Agreement it has, and on each date up to the termination of its clearing membership it will have, the corporate power and authority to execute and deliver this Agreement and to perform its obligations hereunder, including without limitation any obligation required under each Applicable Exchange's Rulebook;



- (4) its execution, delivery and performance of this Agreement have been duly and validly authorized;
- (5) this Agreement, when executed and delivered by Company, will constitute a valid and legally binding obligation of Company;
- (6) as of the date of this Agreement it is, and on each date up to the termination of its clearing membership it will be, (i) duly organized, validly existing and in good standing under the laws of its jurisdiction of Company, and (ii) duly qualified to do business and in good standing as a foreign corporation in each jurisdiction where the conduct of its business requires such qualification;
- (7) the execution, delivery of this Agreement, or any act to be performed pursuant to this Agreement or the Rules of each Applicable Exchange, by or on behalf of Company or each Applicable Exchange, does not and will not violate or conflict with any provision of the certificate of incorporation, by-laws, partnership agreement, limited liability company agreement or any other organizational document, as the case may be, of Company, or of any agreement which is binding upon Company, or of any law or regulation applicable to Company;
- (8) it has obtained any required consent, authorization, and approval of, has filed with, and has taken all other actions required by any governmental authority or regulatory body, or under any law, rule, or regulation applicable to Company in connection with (i) its application for clearing membership of each Applicable Exchange, and (ii) the execution, delivery of, or performance of this Agreement and its obligations as a clearing member of each Applicable Exchange; and
- (9) all information provided to the Applicable Exchange(s) in connection with its application
- (10) for clearing membership at each Applicable Exchange is true, accurate and complete.



Section 4 Acknowledgments and Notifications

(1) Company acknowledges and agrees that in the event it:

- (i) makes any fraudulent misrepresentation to any Applicable Exchange,
- (ii) conceals information from any Applicable Exchange,
- (iii) makes a material misstatement to any Applicable Exchange,
- (iv) provides inaccurate and/or incomplete information to any Applicable Exchange, or
- (v) makes an unlawful request for clearing membership of any Applicable Exchange(s),

Company may be subject to disciplinary actions and/or penalties by the Applicable Exchange(s), including but not limited to, suspension, expulsion and/or termination of its membership(s) and clearing membership(s) and sale of its membership(s) pursuant to Rules of the Applicable Exchange(s).

(2) Company agrees to notify each Applicable Exchange in the event Company has a significant negative change to its authority to perform its obligations as a clearing member or becomes unqualified to do business in a jurisdiction where such qualification is required.

Section 5 Miscellaneous

(1) Company will execute and deliver such further instruments and documents, and take such further action, as any Applicable Exchange may reasonably request in order to confirm or better effectuate the authority and rights granted to the Applicable Exchange(s) pursuant to this Agreement and the Rules.

(2) Company hereby irrevocably waives any right it may have to a trial by jury with respect to any litigation directly or indirectly arising out of or relating to this Agreement.



(3) Except as otherwise provided in Chapters 4, 5, 6, and 8G of the Applicable Exchange(s) Rulebook, Company consents to the exclusive jurisdiction of any federal or state court in Chicago, Illinois with respect to any action between Company and Applicable Exchange(s) and/or an Applicable Exchange(s) affiliate arising from this Agreement or Company's Applicable Exchange(s) Clearing Membership, and hereby waives any right to transfer the venue of such litigation.

(4) Company further agrees that this Agreement shall be governed by and construed in all respects by the laws of the State of Illinois, without giving effect to principles of conflict of law.

[Name of Company]

BY: _____

NAME:

TITLE:

DATE:

Must be submitted along with a notarized Certificate of Incumbency/Secretary Certificate.



Clearing Member Firm Member Firm Trading Authorization

(Clearing Member)

The trades of a CME, CBOT, NYMEX, COMEX or OTC (as applicable and hereafter referred to as “Applicable Exchange(s)”) approved clearing member maintaining the required number of memberships/seats and CME Group Inc. shares in accordance with Applicable Exchange rules, may receive member fee rates – less than charged to non-member customers.

In order for clearing members to receive member fees on Applicable Exchange trades, all member firm trading must be conducted in accordance with CME Group Inc.’s Fee Policy Bulletins on CME Group Inc.’s website at <http://www.cmegroup.com/tools-information/fee-policy-bulletins.html> for Member Firm Trading Policies.

Requirements (Absolutes)

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 clearing member.

Further, clearing member trading activity must be conducted by traders including operators/administrators of Automated Trading Systems (“ATS”) that are:

- Bona-fide W-2 employees (or equivalent W-2 of a foreign jurisdiction) of the clearing member; or
- Independent contractors and other self-employed individuals who maintain at least \$250,000 in holdbacks whose total compensation (that is, all compensation) is reported on a IRS Form 1099-MISC (“1099-MISC”) (or equivalent document of a foreign jurisdiction) and/or on an IRS Form 1099-B (“1099-B”) of the clearing member; or
- Owners who maintain at least \$250,000 in bona-fide capital and holdbacks; or
- Individual equity members of Applicable Exchange trading within their division of membership; or
- Rule 106.F. Clearing Member Transfer members; or
- Registered Commodity Trading Advisors (“CTAs”), exempt CTAs under CFTC Regulations 4.14(a)(4), 4.14(a)(8)(i)(D) or 4.14(a)(10), and Investment Managers authorized by the Financial Conduct Authority (“FCA”).



All clearing member traders must be assigned unique trader IDs, those IDs and the associated clearing member trader must be appropriately registered in CME Group Inc.'s Exchange Fee

System and all Globex trades (orders) must be identified with the registered ID of the trader executing the trade.

In addition, member firm trading must meet the following requirements:

- Traders cannot be responsible for losses beyond their share of profits earned and maintained in the account which have not yet been distributed to the trader.
- The firm must be allocated both a portion of the profits and losses of the member firm account.
- The profit split on agreements with any trader, including owners acting as traders, may not exceed 80/20 (i.e. 80% to the trader/20% to the firm).
 - For member firm trading conducted by a team of traders, the profit split to the team in total may not exceed 80/20 (i.e. 80% to the trader team/20% to the firm).
 - Further the 80% limit on profit splits to a trader or team of traders includes any individual who has a specific interest in its profitability including those involved in the training/supervision of the account(s) and/or trader(s).
- Non-owner traders cannot leave their share of profits in the firm for greater than 24 months without becoming an equity owner.
 - Non-owner trader's share of capital in an account may not exceed the trader's share of net profit/loss in the previous 24 month period.
 - If a trader leaves their share of any profits in the account for greater than 24 months, they must become an equity owner.
- The firm is prohibited from:
 - Setting minimum account balances for its traders.
 - Charging margin on positions to traders.
 - Charging fees on draws taken by traders.
 - Requiring or accepting security deposits from its traders.

Best Practices

CME Group Inc. recognizes that certain business practices may be utilized when conducting customer business as well as member firm trading activities. The Best Practices were established to allow member firms to utilize certain business practices (most not allowed in the past) which are

generally prohibited. In order to do so, the member firm must clearly demonstrate to CME Group Inc. their application of these non-compliant practices is not inconsistent with CME Group Inc.'s goal of providing member fees only for member firm trading activity. Such practices will be reviewed individually and in the aggregate in relation to the firm's entire trading activities and operation.

Review of such non-compliant practices will reflect the following key principles of CME Group Inc.'s member firm trading policies. First and foremost, the trading activity eligible for member fees must be conducted for the account and sole benefit of the member firm itself. The trading activity of individual customers/traders conducted in the name of the firm is not eligible for discounted member firm fees in



order to prevent arcade type trading under the guise of member firm trading and to prevent the “selling” of member firm rates. Further, a member firm may only profit/benefit from the member firm trading activity through the performance of the trade and not from any other source such as a commission or charge for trade execution.

Non-compliance with the Best Practices below is generally prohibited as it is indicative of arcade type trading, the selling of rates, and/or profiting from sources other than the performance of the member firm trade. As such, while the Best Practices are not absolutes as the Requirements are, any non-compliance of the Best Practices will be carefully reviewed with the burden of responsibility on the clearing member to clearly support and demonstrate to CME Group Inc.’s satisfaction that the trading is of the clearing member itself. Under limited circumstances in reviewing the totality of the clearing member’s trading operations and the violative practice(s), CME Group Inc. may deem the clearing member’s trading activities in accordance with CME Group Inc.’s policies for clearing member trading activity that is eligible for equity member fees. **Please check the box next to each practice which you do not comply with regarding your member firm trading:**

- The firm may not charge interest on debit balances to traders nor may it pay interest on credit balances to traders except where an options trading strategy is utilized in which interest on the premium is a key component of the overall profitability of the strategy.
- The firm may not pay interest on holdbacks where holdbacks are permitted.
- The firm may not pay interest on capital contributions.
- The firm may not allocate expenses to trades or traders in excess of actual direct and indirect expenses of the individual member firm trades or traders. Only actual expenses incurred may be allocated – a markup on expenses is not permitted. Further, opportunity costs may not be allocated. Clearing members must maintain and provide adequate supporting calculations and documentation of such allocated expenses and their reasonableness.
- A firm may not charge a fee for capital usage to individual traders of the member firm’s accounts.
- A firm may not charge a fee for the cost of capitalizing the firm (and thus the member firm’s trading accounts) to individual traders.
- Individual owners and investing LLCs (as permitted) of a clearing member may not have a specific interest in the profitability of a clearing member account or group of accounts other than a clearing member account that the individual owners or owners of the investing LLC trade or provide direct supervision/training to.

I represent that all current and future member firm trading activity of clearing member receiving member 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 corporate officer and a duly authorized human resource or legal representative of my organization.

Corporate Officer *

HR or Legal Representative

Signature:	_____	_____
Printed Name:	_____	_____
Title:	_____	_____
Date:	_____	_____

* Acceptable Signor: CFO, CEO, COO, or equivalent officer.

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

CME Group Inc.
Financial and Regulatory Surveillance Department
20 S. Wacker Drive
Chicago, IL 60606

CME Group Inc. policies require all directors, officers, employees, consultants and agents ("Representatives") to treat as confidential and to use a reasonable degree of care to maintain the confidential nature of all information received from an applicant in conjunction with an application for member firm status on a CME Group Exchange (i.e., CME, CBOT, NYMEX and COMEX). Such confidential information may only be disclosed to CME Group representatives who have a need to know such information and who are bound by these policies or who agree to protect the confidential information from unauthorized use and disclosure. CME Group Inc. acknowledges that such confidential information may not be disclosed to any third party person or entity (except pursuant to administrative or judicial process) without the prior written consent of the applicant providing such confidential information.



SECRETARY’S CERTIFICATE

The undersigned hereby certifies, solely in [his/her] capacity as Corporate Secretary of [Company], as of [DATE], that [NAME OF SIGNATORY] is authorized to sign the Clearing Membership Agreement, dated as of [DATE], for clearing membership at one or more of the following exchanges: Chicago Mercantile Exchange Inc., Board of Trade of the City of Chicago, Inc., New York Mercantile Exchange, Inc. and/or Commodity Exchange, Inc. The undersigned further certifies that the signature appearing below is true and correct.

[NAME OF SIGNATORY]

Signature of Agreement Signatory

Signature of Secretary: _____

Name of Secretary: _____

Title: [Corporate Secretary]

Date: _____

ACKNOWLEDGMENT

STATE OF _____)

) ss

COUNTY OF _____)

I, _____, a Notary Public in and for and residing in the aforesaid state do hereby certify that _____ of [Company], personally known to me to be the same persons whose name is subscribed to the above Certificate appeared before me this day in person and acknowledged that (s)he signed and delivered the above Certificate.

GIVEN under my hand and notarial seal this day of _____, 20__

Notary Public _____

(Notary Seal)

My Commission Expires: _____

*To be completed on Corporate Secretary’s Letterhead



Designated Spokesperson and Authorized Person Form

CME Group Inc. requires firms to designate a Designated Spokesperson(s) and Authorized Person(s) who shall be authorized to deal with the Exchanges with respect to memberships owned or leased by the firm, as applicable, and who shall be authorized to represent the firm before the Exchanges. Such authorized representatives shall be responsible to the Exchanges as if such person was a member as defined by Rule 400.

CME Group may only discuss the application and information provided pursuant thereto with those individuals designated by the firm as a Designated Spokesperson and/or an Authorized Person. Please provide a complete listing of the firm's Designated Spokesperson(s) and Authorized Person(s) below. Changes to the list of Designated Spokesperson(s) or Authorized Person(s) may only be made in writing by completing and emailing an updated Designated Spokesperson and Authorized Person Form located at www.cmegroup.com/memberships. CME Group collects and uses personal information for the purposes for which it was obtained. For further information please reference CME Group's Privacy Policy or contact the Privacy Office at privacy@cmegroup.com.

Name	Job Title	Phone Number	Email Address	Authorized Person ¹	Designated Spokesperson ²
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

¹ An Authorized Person shall be defined as an authorized representative who shall have the authority to make membership and/or incentive program related decisions on behalf of the firm including, but not limited to, applying, changing, or withdrawing membership and/or incentive program status, request to deposit or withdraw required seats and/or shares and the buying, selling, releasing or transferring of seats and shares. In addition, an Authorized Person shall have the same authority as the Designated Spokesperson noted below.

² Designated Spokesperson(s) shall be defined as an authorized representative whereby CME Group, at its sole discretion, may provide or discuss any membership and/or incentive program related information specific to the firm.



I attest that the information provided above is accurate and complete. This form shall supersede any previously submitted Designated Spokesperson and Authorized Person Form.

Signed: *(on behalf of the applicant*)*

Name (Printed)

Position

Date

** Authorized Officer, Managing Member of an LLC or Partner. Signor should also be designated as an Authorized Person above. In addition, any individual who has signed an attestation or any form within this application must also be listed and qualify as an Authorized Person in this section.*



Access for CME Group Inc.'s Firm Contact System ("FCS")

Please designate an individual as the FCS administrator who will be responsible for reviewing your organization's personnel contact data. This data will be maintained on the CME's Firm Contact System and must be verified periodically.

Name _____

Title _____

Phone _____

E-Mail _____

Portal ID* _____

(Optional 2nd Administrator)

Name _____

Title _____

Phone _____

E-Mail _____

Portal ID* _____

*If the administrator does not already have a CME Group Login ID, please go to <https://login.cmegroup.com/sso/register/> to create a CME Group Login ID. If further assistance is needed in creating the login ID, please contact CME Group's EASE area at 312-456-1560 or EASE.AtYourService@cmegroup.com.



Complete the following contact list for your organization.

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)

Chief Risk Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Chief Compliance Officer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

1-FR/FOCUS Statement Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

**Audit Information Bulletin/
Joint Audit Committee Update Contact**

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Back Office Manager

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Brokerage Payment System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Clearing / Trade Processing Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Main Contact – Daytime

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Main Contact - Overnight

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Emergency Contact - Daytime

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Emergency Contact - Overnight

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Computer room/ Data Submission (1)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Computer room/ Data Submission (2)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



CME Group

Primary Financial Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Primary Operational Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Financial Emergency Contact (1)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Financial Emergency Contact (2)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Treasurer

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Primary Operational Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

**Operations Emergency Contact (1)
(North American Daytime)**

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

**Operations Emergency Contact (2)
(North American Daytime)**

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Operations Emergency Contact (1)
(North American Overnight)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Operations Emergency Contact (2)
(North American Overnight)

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Collateral Management Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Controller

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Deliveries Operations Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Designated Spokesperson

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Exchange Fee System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Give-Up Payment System Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



Interest Earning Facility Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

IT Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Legal Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

New Firm Approvals Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)



CME Group

Overnight Risk Management Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

Semi-Annual Contact Update Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

SPAN / Margin Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)
