



20 South Wacker Drive
Chicago, IL 60606



141 West Jackson Boulevard
Chicago, IL 60604

CME Clearing Membership

CBOT Clearing Membership
(Special CME Clearing Membership)

Joint Clearing Membership Application

Name of Firm _____ Date Posted _____

**CME Clearing Membership
CBOT Clearing Membership
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Joint Clearing Membership Application**

Application for (please check):

CME Clearing Membership

CBOT Clearing Membership (Special CME Clearing Membership)

Answers to this application form must be either typewritten or printed in ink. Also, attach separate sheets of paper or letters of explanation whenever necessary.

1. Applicant'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 _____

Sole Proprietorship (CBOT only)

Other (please specify) _____

3. Date Established _____

4. Tax Identification Number _____

5. Main Address

Phone Number _____

6. Local or Additional Address

Phone Number _____

7. Organization's Web Site _____

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10.b. Memberships Registered for Clearing Privileges at CBOT (CBOT Contracts)

Owner (Identified as "F" – Firm Owned or "S" – Self Owned)	Full Membership
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Indicate (name and title) who will represent your organization before the Exchange and its Committees.

CME: _____

CBOT: _____

12. Indicate (name and title) who will represent your organization in Chicago. At least one person authorized to represent the organization must be located in Chicago.

CME: _____

CBOT: _____

13. Is your organization qualified to do business in the State of Illinois? (If yes, please provide supporting documentation)

14. Is your organization properly registered or authorized by the applicable government and regulatory authorities to become a clearing member?

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20. Has your organization or any present officer or partner ever been: (a) convicted of any felony, or (b) convicted of any misdemeanor or found guilty of violating a rule or regulation that involved 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? (If yes, please describe and provide supporting documentation)
21. To the best of your knowledge, is your organization or any present officer or partner currently subject to an investigation (excluding routine financial audits and examinations) by any government or regulatory authority, or exchange/clearing organization? (If yes, please describe and provide supporting documentation)
22. Indicate your organization's present membership status at all other U.S. and foreign commodity and security exchanges. (Please distinguish between member and clearing member)
23. Is your organization registered as an FCM with the CFTC? (If yes, please provide the NFA identification number)
-
24. Please state your designated self-regulatory organization (DSRO), if applicable.
-
25. Is your organization registered as a Broker/Dealer?
-
26. Please state your designated examining authority (DEA), if applicable.
-

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27. Is your organization registered as a Security Futures Product Notice-Registrant?
- _____
28. Will your organization trade Security Futures Products? If so, please indicate customer, house or both.
- _____
29. Is your organization registered in any other regulatory capacity? If so, please indicate the nature of the registration(s) and your lead regulator(s).
- _____
30. What bookkeeping system is utilized by your organization?
- _____
31. Will you 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 of a contact person)
- _____
32. Does your organization intend to clear its customer trades? If so, please indicate the approximate date that the firm will begin clearing these trades. If not, which firm(s) will clear these trades?
- CME: _____
- CBOT: _____
33. Does your organization intend to clear its non-customer/proprietary trades? If so, please indicate the approximate date that the firm will begin clearing these trades. If not, which firm(s) will clear these trades?
- CME: _____
- CBOT: _____
34. List all branch offices transacting futures related business.

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35. List all guaranteed introducing brokers.
36. Describe the nature of your organization's anticipated business and complete the chart below.

**Anticipated Type of Business
 (Include all futures related trading activity)**

	Number of Accounts	Percent of Trading Volume
Commercial Accounts	_____	_____
Retail Accounts	_____	_____
Institutional Accounts	_____	_____
CME Floor Trader/Local Accounts	_____	_____
CBOT Floor Trader/Local Accounts	_____	_____
Foreign Futures/Options Accounts	_____	_____
Discretionary/Managed Accounts	_____	_____
Omnibus Accounts	_____	_____
Affiliate Accounts	_____	_____
Other Noncustomer Accounts	_____	_____
Proprietary (firm owned) Accounts	_____	_____
Other _____	_____	_____

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37. If your organization will conduct proprietary trading activity, complete the chart below.

**Proprietary Account Controllers/Traders
 (include all CME and CBOT related trading activity)**

	Number of Accounts CME	Number of Accounts CBOT
Bona-fide W-2 employees	_____	_____
Owners	_____	_____
Exchange Members	_____	_____
Commodity Trading Advisors	_____	_____
Independent Contractors	_____	_____
Other (describe)	_____	_____
_____	_____	_____

38. Please state the name(s), address(es) and account number(s) of your customer and house settlement bank(s).

39. List all organizations/persons who own 5% or more of your organization, including the percentage of ownership.

40. Describe the nature of involvement in the commodities or securities industry of any organization/person who owns 5% or more of your organization.

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41. 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? (If yes, please describe)

42. Please list any current CBOT member firms to which the applicant firm or any of its managerial employees are related and the nature of the relationship (parent, subsidiary, sister, shareholder, member of an LLC, or partner; indicate n/a if not applicable):

Name of entity/relationship to applicant or its managerial employee:

43. Indicate the individual (including title) to contact for questions concerning this application.

Phone Number _____ Email Address _____

44. Please include with this application the following:

- List of Officers, Managing Members of an LLC, or Partners, including titles, direct telephone and fax numbers and e-mail addresses (see attached)
- Completed Contact Listing (see attached)
- Articles of Incorporation, Operating Agreement, or Partnership Agreement (including all sub-agreements)
- Resolution authorizing the person signing the application to represent the organization
- Applications for Assignment of Memberships and Shares (CME) and/or Registrations of Memberships (CBOT)
- Ownership Chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure

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- Executed Settlement and Custody Account Listing and Debit Authorization
- Executed Parent Guarantees for noncustomer and proprietary obligations pursuant to CME Rule 901.L. including a resolution authorizing the person signing the guarantee, if applicable (not required of sole proprietorship or general partnership applicants)
- The organization's most recent certified financial statement (not required of sole proprietorship applicants)
- The organization's most recent monthly/quarterly, as applicable, financial statement including supplemental information on total customer and noncustomer risk maintenance performance bond requirements for all U.S. and foreign positions (sole proprietorship applicants must submit a financial statement in the form required by CME and the CBOT)
- List of all proprietary traders who trade or will trade CME and/or CBOT products and provide evidence of employment for such traders, if applicable
- For CME Clearing Members, executed Proprietary Trading Attestation

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Authorization & Acknowledgement

On behalf of my organization, I make this application for (please check):

CME Clearing Membership

CBOT Clearing Membership (Special CME Clearing Membership)

I understand that CME Clearing Membership is only for the clearance of Chicago Mercantile Exchange Inc. products and CBOT Clearing Membership (Special CME Clearing Membership) is only for the clearance of Chicago Board of Trade products.

I authorize Chicago Mercantile Exchange Inc. and the Chicago Board of Trade to obtain information from sources that Chicago Mercantile Exchange Inc. or the Chicago Board of Trade deems appropriate in order to adequately evaluate and process this application. In addition, I authorize Chicago Mercantile Exchange Inc. and the Chicago Board of Trade to disclose or release any information regarding the organization 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, or as otherwise permitted or required by law. I represent that I have the authority to legally bind the organization with respect to the authorization to release information in the circumstances set forth above.

I understand that any person or firm that obtains a CME or CBOT membership by fraudulent representations or concealment, or by any material misstatement, shall be subject to suspension or expulsion pursuant to CME or CBOT Rules and Regulations, as applicable.

I do hereby agree that, if the organization is accepted as a clearing member of the Chicago Mercantile Exchange Inc. and/or the Chicago Board of Trade, it and its representatives will observe and be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of Chicago Mercantile Exchange Inc. and all amendments thereto. In addition, if the organization is accepted as a clearing member of the Chicago Board of Trade (Special CME Clearing Member), it and its representatives will observe and be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of the Chicago Board of Trade and all amendments thereto.

Officer, Managing Member of an LLC or Partner authorized to make the representations, authorizations, and acknowledgements contained in the CME-CBOT Joint Clearing Membership Application and to sign such Application, on behalf of the organization.

(Signature)

(Title)

(Printed Name)

(Date)

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Contact Listing**

<p style="text-align: center;"><u>Chief Executive Officer</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____	<p style="text-align: center;"><u>Chief Financial Officer</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____
<p style="text-align: center;"><u>Chief Operating Officer</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____	<p style="text-align: center;"><u>Clearing / Trade Processing Contact</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____
<p style="text-align: center;"><u>Back Office Manager</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____	<p style="text-align: center;"><u>IT Contact</u></p> Name: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Cell: _____ Email: _____

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Note: When asked for a Home OR Cell number, please indicate which one you are providing.

<p style="text-align: center;"><u>Brokerage Payment System "BPS" Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Collateral Management Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>
<p style="text-align: center;"><u>Controller</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Compliance Officer</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>
<p style="text-align: center;"><u>1-FR/FOCUS Statement Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Audit Information Bulletin Mailing Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>

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Note: When asked for a Home OR Cell number, please indicate which one you are providing.

<p style="text-align: center;"><u>Credit / Risk Manager</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Deliveries Operations Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p>
<p style="text-align: center;"><u>Exchange Fee System “EFS” Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Give-Up Payment System “GPS” Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>
<p style="text-align: center;"><u>Interest Earning Facility “IEF” Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>SPAN / Margin Contact</u></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Fax: _____</p> <p>Home Phone or Cell: _____</p> <p>Email: _____</p>

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Note: When asked for a Home OR Cell number, please indicate which one you are providing.

<u>Legal Contact</u>	<u>Semi-Annual Contact Update Contact</u>
Name: _____	Name: _____
Work Phone: _____	Work Phone: _____
Fax: _____	Fax: _____
Home Phone or Cell: _____	Home Phone or Cell: _____
Email: _____	Email: _____