



**APPLICATION FOR CLEARING MEMBERSHIP
AGREEMENT FOR GREEN EXCHANGE CLEARING MEMBERSHIP**

1. Applicant _____
2. Has Applicant been admitted as a Participant in the Green Exchange? _____

Completed Application and the Application for Clearing Membership - Corporate Information should be submitted to:

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



ATTESTATION, AUTHORIZATION AND AGREEMENT FOR MEMBERSHIP

On behalf of my organization, I make this application with the Chicago Mercantile Exchange Inc. (“CME”) for Clearing Membership on Green Exchange.

I represent that my organization meets all of the requirements for Green Exchange Clearing Membership which is applied for. I do hereby agree that, if my organization is accepted as a Clearing Member of Green Exchange, it and its representatives will observe and be bound by the Rules of Green Exchange and all amendments thereto.

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. In addition, I authorize CME Group Inc. 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 further acknowledge and agree to abide by the requirements for such clearing membership and also agree to comply with all of the rules of Green Exchange.

I attest that the information provided in this Application and the Application for Clearing Membership - Corporate 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.

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

Signed and accepted by a duly authorized representative of _____
(Applicant)

(Signature)

(Title)

(Printed Name)

(Date)



**GREEN EXCHANGE CLEARING MEMBER
DESIGNATED SPOKESPERSON AND AUTHORIZED SIGNOR
ACKNOWLEDGEMENT**

CME requires that Green Exchange clearing member firms designate a representative who shall be authorized to represent the clearing member before the CME.

Clearing Member 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.

**Application for Clearing Membership
Corporate Information**

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 _____

Other (please specify) _____

3. Date Established _____

4. Tax Identification Number _____

5. Main Address _____

Phone Number _____ Web Site Address _____

6. Local 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 _____

**Application for Clearing Membership
Corporate Information**

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?

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
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**Application for Clearing Membership
Corporate Information**

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 registered as a Broker/Dealer? If yes, please state your designated examining authority (DEA).

16. Is your organization registered in any other regulatory capacity? If so, please indicate the nature of the registration(s) and your lead regulator(s).

17. Is your organization registered as a Security Futures Product Notice-Registrant?

18. Will your organization trade Security Futures Products? If so, please indicate customer, house or both.

19. What bookkeeping system is utilized by your organization?

20. 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.)

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21. 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: _____

NYMEX: _____

COMEX: _____

GreenEx: _____

22. 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: _____

NYMEX: _____

COMEX: _____

GreenEx: _____

23. List all branch offices transacting futures related business.

24. List all guaranteed introducing brokers.

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

**Application for Clearing Membership
Corporate Information**

**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	_____	_____
NYMEX Floor Trader/Local Accounts	_____	_____
COMEX Floor Trader/Local Accounts	_____	_____
Foreign Futures/Options Accounts	_____	_____
Discretionary/Managed Accounts	_____	_____
Omnibus Accounts	_____	_____
Affiliate Accounts	_____	_____
Other Noncustomer Accounts	_____	_____
Proprietary (firm owned) Accounts	_____	_____
Other _____	_____	_____

**Application for Clearing Membership
Corporate Information**

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

27. Please state the name(s) and account number(s) of your customer and house settlement bank(s).

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

29. 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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Corporate Information**

30. 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)

31. 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 _____

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

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

Complete the appropriate CME, CBOT, NYMEX, COMEX and/or GreenEx Application for Clearing Membership – Agreement for Clearing Membership.

33. Please include with this application the following:

- Articles of Incorporation, Certificate of Incorporation, Articles of Association, Limited Liability Company Operating Agreement, and/or Partnership Agreement as applicable (including all sub-agreements).
- Resolution authorizing the person signing the application to represent the organization.
- Ownership chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure.
- Applications for Assignment of Memberships and Shares for CME, CBOT, NYMEX, and COMEX as applicable.
- Executed Settlement and Custody Account Listing and Debit Authorization.

Application for Clearing Membership Corporate Information

- Executed Parent Guarantees for noncustomer and proprietary obligations pursuant to Rule 901.L. including a resolution authorizing the person signing the guarantee, if applicable (not required of general partnership applicants).
- The organization's most recent certified 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 foreign positions.
- 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.
- Trader agreements, if applicable.
- The appropriate CME, CBOT, NYMEX, COMEX and/or GreenEx Application for Clearing Membership – Agreement for Clearing Membership with all attachments including the (a) Attestation, Authorization and Agreement for Clearing Membership, (b) Proprietary Trading Attestation and (c) Designated Spokesperson and Authorized Signor Acknowledgement.

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

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

**Application for Clearing Membership
Corporate Information**

Complete the following contact listing for your organization. For contact types marked with an asterisk (*), you must provide both mobile and home telephone numbers. For all others please provide one or the other.

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)

1FR / FOCUS Statement Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)

**Application for Clearing Membership
Corporate Information**

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

Back Office Manager*

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

Brokerage Payment System Contact

Clearing / Trade Processing Contact*

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

**Application for Clearing Membership
Corporate Information**

Collateral Management Contact

Compliance Officer

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

Controller

Credit / Risk Manager*

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

**Application for Clearing Membership
Corporate Information**

Deliveries Operations Contact*

Designated Spokesperson*

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

Exchange Fee System Contact

Give-Up Payment System Contact

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

**Application for Clearing Membership
Corporate Information**

Interest Earning Facility Contact

IT Contact*

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

Legal Contact

New Firm Approvals Contact

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

**Application for Clearing Membership
Corporate Information**

Overnight Risk Management Contact*

Semi-Annual Contact Update Contact

Name _____

Name _____

Title _____

Title _____

Office Phone _____

Office Phone _____

Fax _____

Fax _____

Home Phone _____

Home Phone _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Address (if different than main)

Address (if different than main)

SPAN / Margin Contact

Name _____

Title _____

Office Phone _____

Fax _____

Home Phone _____

Mobile _____

E-Mail _____

Address (if different than main)
