



Application for Clearing Privileges

Enclosed are the forms necessary to apply for Clearing Privileges at the Minneapolis Grain Exchange, Inc. ("MGEX"). Please contact the MGEX Membership Department with any questions regarding these documents.

MGEX Membership Department

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Applicant's Full Legal Name

Date Submitted to MGEX

This application must be accompanied by a \$1,500 non-refundable application fee.

MGEX
400 S. 4th Street
Suite 111
Minneapolis, MN 55415

www.mgex.com

MGEX Use Only

Date Received: _____

Received By: _____

Clearing Membership Application

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 (**please check one**):

____ Corporation organized under the laws of the State of: _____

(please check one)

____ C Corporation

____ Subchapter S Corporation

____ Limited Liability Company organized under the laws of the State of: _____

____ Limited Liability Partnership organized under the laws of the State of: _____

____ Limited Partnership organized under the laws of the State of: _____

____ General Partnership organized under the laws of the State of: _____

____ Other (specify): _____

3. Date Established: _____

4. Federal Tax Identification Number: _____

5. Main Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

6. Local Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

7. Fiscal Year End: _____

8. Public Accountant Information:

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Contact name: _____

9. Membership Pledged for Clearing Privileges (also submit Membership Pledge Agreement form):

Owner

Record Holder

Certificate #

10. Indicate the individual who will represent your organization before the Exchange and its Committees. The Record Holder must be an officer, director, or partner authorized to represent the organization before the Exchange and its Committees. (Rule 358.00.D.)

Name: _____

Title: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

11. ___Yes ___No Is your organization qualified to do business in the state of Minnesota? If yes, submit a copy of "Certificate of Good Standing" from the Minnesota Secretary of State's Office.

12. **Yes** **No** Has your organization or any present officer or partner ever been denied registration, or had a registration suspended, revoked, or conditioned by a government or regulatory authority? If yes, describe and provide supporting documentation.

13a. **Yes** **No** Has your organization or any present officer or partner ever been denied membership or clearing privileges by any exchange or clearing organization? If yes, describe and provide supporting documentation.

13b. **Yes** **No** Have any such membership or clearing privileges ever been suspended, revoked, or conditioned? If yes, describe and provide supporting documentation.

14. **Yes** **No** 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, describe and provide supporting documentation.

15. **Yes** **No** To the best of your knowledge, is your organization or any present officer or partner currently subject to an investigation by any government or regulatory authority, or exchange/clearing organization? If yes, describe and provide supporting documentation.

16. Indicate present membership status at all other U.S. and foreign commodity and security exchanges. (Please note if both member and clearing member.)

Attach continuation sheet if necessary.

Member of the following:	Status - check all that are applicable		
	Member	Clearing Firm	Actively Clearing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. **Yes** **No** Is your organization registered as a Futures Commission Merchant with the National Futures Association (NFA)? If yes, provide the NFA identification number:

18. State your Designated Self Regulatory Organization (DSRO), if applicable:

19. **Yes** **No** Is your organization registered as a broker/dealer?

20. State your Designated Examining Authority (DEA), if applicable:

21. What bookkeeping system is utilized by your organization?

22. **Yes** **No** Does your organization intend to clear its customer trades? If yes, indicate the approximate date that the entity wishes to begin clearing trades. If no, which entity will clear these trades? _____

23. **Yes** **No** Does your organization intend to clear its non-customer/proprietary trades? If yes, indicate the approximate date that the entity will begin clearing trades. If no, which entity will clear these trades? _____

24. List all branch offices transacting futures related business.

Attach a continuation sheet if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

25. List all guaranteed introducing brokers. *Attach a continuation sheet if necessary.*

_____	_____
_____	_____
_____	_____
_____	_____

26. Describe the nature of your organization's anticipated business and complete the table below.

Anticipated Type of Business
(include all futures related trading activity)

	Number of Accounts	Percent of Trading Volume
Commercial Accounts	_____	_____
Retail Accounts	_____	_____
Institutional Accounts	_____	_____
Floor Trader/Local Accounts	_____	_____
Foreign Futures/Options Accounts	_____	_____
Discretionary/Managed Accounts	_____	_____
Omnibus Accounts	_____	_____
Affiliate Accounts	_____	_____
Other Non-Customer Accounts	_____	_____
Proprietary Accounts	_____	_____
Other: _____	_____	_____
Total:	_____	_____

27. Supply the following bank account information:

Regular Account:

Bank Name: _____
ABA Number: _____
Account Number: _____
Account Name: _____

Segregated Account:

Bank Name: _____
ABA Number: _____
Account Number: _____
Account Name: _____

Security Deposit of \$500,000 (at least \$100,000 must be cash):

Bank Name: _____
ABA Number: _____
Account Number: _____
Account Name: _____

28. List all organizations/persons who own 20% or more of your organization, including the percentage of ownership.

Organization/Person	Percent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

29. Describe the nature of involvement in the commodities or securities industry of any organization/person who owns 20% or more of your organization. _____

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

Name: _____
Title: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

By signing this form, I attest to the truthfulness and accuracy of this Application for Clearing Privileges at the Minneapolis Grain Exchange, Inc. ("MGEX") and agree to bind the organization and its owners, officers and employees to the Articles, Rules, Regulations, Resolutions, customs, policies and usages of MGEX, now existing or thereafter adopted.

Also, I authorize MGEX to obtain information from sources that MGEX deems appropriate in order to adequately evaluate and process this application. In addition, I authorize MGEX 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.

I represent that I am authorized on behalf of the organization to sign and authorize the release of the information so specified.

Officer or Partner authorized to act on behalf of the organization:

(Signature)

(Print Name)

(Title)

(Date)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20____

Notary Public, _____ County NOTARY STAMP

State of _____

My Commission Expires: _____