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## Liquidity Provider Permit Application and Terms

### Eligible Parties:

- Proprietary Trading Groups as defined by the CFTC\*.
- Individuals trading their personal account.

### Terms:

- Must trade at least 5,000 MGEX (Minneapolis Grain Exchange, Inc.) contracts each month (futures or options, all agricultural products). If less than 5,000 contracts are traded in a given month, rates will revert to the standard fee structure for that month.
- Must have an account with an MGEX Clearing Member and provide such information to MGEX (omnibus accounts are not eligible).
- Must submit a completed MGEX Liquidity Provider Permit Application.
- Must be MGEX Record Owner/Holder in good standing to qualify for "Member" rate.

\* **Proprietary Trading Group:** An organization whose owners, employees, and/or contractors trade in the name of accounts owned by the group and exclusively use the funds of the group for all of their trading.

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### Contact Information:

Organization/Individual's Full Legal Name: \_\_\_\_\_

Date Established (if an organization): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_





## MGEX Agricultural Products Rate Schedule

<b>Liquidity Provider Permit (LPP)</b>	
	<b>1 - 5,000</b>
Member Rate	\$0.40
Delegate Rate	\$0.60
Non-Member Rate	\$0.70
	<b>5,001 - 10,000</b>
Member Rate	\$0.30
Delegate Rate	\$0.50
Non-Member Rate	\$0.60
	<b>10,001 - 15,000</b>
Member Rate	\$0.20
Delegate Rate	\$0.40
Non-Member Rate	\$0.50
	<b>15,000+</b>
Member Rate	\$0.15
Delegate Rate	\$0.35
Non-Member Rate	\$0.45

I agree and understand the terms of the MGEX Liquidity Provider Permit, and I agree to be held and bound by all MGEX Rules, Regulations, Resolutions and Interpretations concerning trade and trade activity as though I was a member of the Exchange even if I am not. As a principal of my organization, I hereby authorize the individuals indicated in Section 2 to act as specified therein.

Print Name – Principal of Organization: \_\_\_\_\_

Print Title – Principal of Organization: \_\_\_\_\_

Signature – Principal of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORMS TO THE MGEX MEMBERSHIP DEPARTMENT**

**MGEX Membership Department**  
**400 S. 4<sup>th</sup> Street**  
**111 Grain Exchange Building**  
**Minneapolis, MN 55415**  
**Phone: (612) 321-7161**  
**Fax: (612) 321-7121**  
**Email: [kdusek@mgex.com](mailto:kdusek@mgex.com)**

<b>MGEX</b> <b>Liquidity Provider Permit</b>	<b>OFFICE USE ONLY</b>	Clearing Member check: _____ Approved: _____ Effective Date: _____
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