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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 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 who is not leasing a membership to qualify for Member rate.
- Must be a registered MGEX Delegate Member in good standing to qualify for Delegate 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): \_\_\_\_\_



2. Indicate the names of individuals authorized to represent and act on behalf of you and/or your organization before the Exchange and its committees:

Name:	Phone & Email Address	Designated Spokesperson	Authorized Signatory
_____	_____	[ ]	[ ]
_____	_____	[ ]	[ ]
_____	_____	[ ]	[ ]
_____	_____	[ ]	[ ]
_____	_____	[ ]	[ ]
_____	_____	[ ]	[ ]

3. Please list the MGEX Clearing Member that will clear your account(s) and the account number(s). Use an additional sheet if necessary. If changes are made, it is the applicant's responsibility to file an addendum with the MGEX as to authorized accounts and associated Clearing Members for billing purposes.

Clearing Member:

Account Number:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Please include an ownership chart detailing the organization's ownership including percentages of ownership.

5. Which rate are you applying for? Member [ ] Delegate [ ] Non-Member [ ]

**Rate Schedule**

**Fees apply only if volume of 5,000 contracts or more in a month; if less than 5,000, standard electronic rates apply. MGEX clearing members are billed electronic rates and the difference is issued as a REBATE from MGEX directly to participant.**

	<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**

**Fax: (612) 321-7121  
Email: [egarvey@mgex.com](mailto:egarvey@mgex.com)**

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