



Request for Additional Clearing Privileges

Enclosed are the forms necessary to request Clearing Privileges for another designated contract market(s) for which the Minneapolis Grain Exchange, LLC (“MGEX”) acts as the derivatives clearing organization. Please contact MGEX with any questions regarding these documents.

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(612) 321-7190
(612) 321-7159

Clearing Member’s Full Legal Name

Date Submitted to MGEX

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

www.miaxglobal.com

MGEX Use Only

Date Received:

Received By:



Thank you for your interest in continued Clearing Privileges with MGEX and the designated contract markets MGEX clears for. This packet of materials is only for existing Clearing Members who wish to expand their clearing privileges to additional designated contract markets that MGEX clears for. If your organization is not already an approved MGEX Clearing Member, please visit our website for New Clearing Member Application materials.

Please review and follow all directions contained in these materials carefully. Please note that any incomplete or missing information will extend the review process. Prior to submitting this Request, each applicant should:

1. Ensure all questions of this Request have been thoroughly reviewed and completely answered.
2. Ensure all supporting documents are attached.
3. A complete Request and all applicable supporting documentation should be emailed to apilon@miaxglobal.com.

MGEX policies require all of its directors, officers, employees, consultants, and agents (“Representatives”) to treat as confidential and to use a reasonable degree of care to maintain the conditional nature of all information received from an applicant in conjunction with an application for Clearing Member status at MGEX or a Request for Additional Clearing Privileges. Such confidential information may only be disclosed to MGEX Representatives who have a need to know such information and who are bound by these policies and who agree to protect the confidential information from unauthorized use and disclosure. MGEX acknowledges that such confidential information may not be disclosed to any third-party person or entity (except pursuant to administrative or judicial process) without the prior written consent of the Applicant Clearing Member providing such confidential information.

REQUEST FOR ADDITIONAL CLEARING PRIVILEGES

1. The undersigned, an approved Clearing Member of the Minneapolis Grain Exchange, LLC (“MGEX”), certifies that it is currently an MGEX Clearing Member in good standing, and requests approval for clearing privileges at the following designated contract market(s):

Minneapolis Grain Exchange, LLC

Bitnomial, LLC

Intelligent Medicine Exchange, LLC

2. The undersigned Clearing Member further certifies that it has provided all documentation required by MGEX pursuant to this Request and will comply with all reasonable requests from MGEX for any additional information MGEX deems reasonably necessary to process this request.

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

Signature:

Print Name and Title:

Date:

REQUEST FOR ADDITIONAL CLEARING PRIVILEGES CHECKLIST

Please provide all documents requested in the checklist below to ensure MGEX has all necessary documents to review your organization's request for additional clearing privileges. If explicitly agreed upon by the Clearing Member in any applicable Clearing Member Agreement(s), this information may also be shared by MGEX with the relevant designated contract market solely for purposes of the designated contract market's approval of the Clearing Member.

Forms/Agreements

Request for Supplemental Clearing Privileges Form

DCM-Specific Clearing Member Agreement(s)

Updated Clearing Member Contact Form

Updated Authorized Person Form

Supplementary Documents

These documents are required if there have been any changes since the Clearing Member's original Application Date.

List of officers or partners, including titles, addresses, direct phone numbers, fax numbers and email addresses

Amended & Restated Articles of Incorporation or Amended & Restated Articles of Organization

Amended & Restated Bylaws, Amended & Restated Operating Agreement, or Amended & Restated Partnership Agreement

All documents related to any disciplinary action taken against the Clearing Member by MGEX or other clearing house where , or any relevant regulatory agency

Ownership chart (detailing percentages of ownership and business form) of all entities, including affiliates, in the corporate structure

Organization Chart showing list of Risk Management employees and reporting lines

List of branch offices

List of Guaranteed Introducing Brokers

Risk Management policies and procedures

Completed Comprehensive Risk Questionnaire

Forms/Agreements

Most recent quarterly financial statement

Security Deposit(s)

Testing

Complete mock trading session for each contract class to be cleared by the applicant Clearing Member

Optional

Nominations to Risk Committees Form

MGEX CLEARING MEMBER AGREEMENT

For Clearing Intelligent Medicine Exchange, LLC Contracts

A Clearing Member who intends to clear IMX products must also complete all forms and agreements required to become an MGEX Clearing Member, including the MGEX Clearing Member Agreement, as well as all IMX requirements. This Agreement must be executed before a Clearing Member may begin clearing IMX products.

Clearing Member Name:

Name, title, and contact information of the individual(s) who are duly authorized to represent the organization and to contact for questions relating to this agreement:

Name	Title	Phone	Email

Does your organization intend to clear IMX products?

If so, please indicate whether you intend to clear customer and/or house accounts.

By execution of this agreement, _____, a Clearing Member of MGEX hereby agrees as follows:

1. The Clearing Member certifies that it is duly registered and meets all necessary requirements imposed by IMX.
2. The Clearing Member grants MGEX permission to share the documents submitted in conjunction with its Clearing Member Application or its Request for Additional Clearing Privileges with IMX solely for the purpose of IMX's review and approval of the Clearing Member to clear IMX products.
3. The Clearing Member will abide by all MGEX Rules, policies, and procedures, including but not limited to, those relating to IMX products and any amendments that may be made to such Rules, policies, and procedures.
4. The Clearing Member certifies that it has completed or will complete prior to clearing IMX contracts all required testing and/or training that may be provided by MGEX and/or IMX and understands its obligations to MGEX and IMX.
5. The Clearing Member guarantees and assumes responsibility for all trading activity routed through IMX's electronic trading system to MGEX for clearing and all contracts it clears.
6. The Clearing Member acknowledges market participants authorized by the Clearing Member have the ability to designate their own Authorized Users and market participants directly with IMX and the Clearing Member will guarantee and assume financial responsibility for the transactions of all such representatives or market participants, whether known or unknown.

7. The Clearing Member agrees to provide any additional documents or information requested by MGEX for risk management or clearing purposes.
8. The undersigned signatory of the Clearing Member is authorized to act on behalf of the organization.

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

CLEARING MEMBER:

Signature:

Print Name:

Title:

Date:

MINNEAPOLIS GRAIN EXCHANGE, LLC:

Signature:

Print Name:

Title:

Date:

MGEX CLEARING MEMBER AGREEMENT

For Clearing Bitnomial Exchange, LLC Contracts

A Clearing Member who intends to clear Bitnomial products must also complete all forms and agreements required to become an MGEX Clearing Member, including the MGEX Clearing Member Agreement, as well as all Bitnomial requirements. This Agreement must be executed before a Clearing Member may begin clearing Bitnomial products.

Clearing Member Name:

Name, title, and contact information of the individual(s) who are duly authorized to represent the organization and to contact for questions relating to this agreement:

Name	Title	Phone	Email

Does your organization intend to clear Bitnomial products?

If so, please indicate whether you intend to clear customer and/or house accounts.

By execution of this agreement, _____, a Clearing Member of MGEX hereby agrees as follows:

1. The Clearing Member certifies that it is duly registered and meets all necessary requirements imposed by Bitnomial, including those related to delivery and maintaining all necessary accounts, and any regulatory bodies to clear Bitnomial products.
2. The Clearing Member will abide by all MGEX Rules, policies, and procedures, including but not limited to, those relating to Bitnomial products and any amendments that may be made to such Rules, policies, and procedures.
3. The Clearing Member certifies that it has completed all required trainings that may be provided by MGEX and/or Bitnomial and understands its obligations to MGEX and Bitnomial.
4. The Clearing Member guarantees and assumes responsibility for all trading activity routed through Bitnomial's electronic trading system to MGEX for clearing and all contracts it clears and delivers. The organization guarantees such activity via any connection, terminal, link, or other means provided by the Clearing Member to any party.
5. The Clearing Member acknowledges market participants authorized by the Clearing Member have the ability to designate their own representatives and market participants directly with Bitnomial and the Clearing Member will guarantee and assume financial responsibility for the transactions of all such representatives or market participants, whether known or unknown.

6. The Clearing Member agrees to provide any additional documents or information requested by MGEX for risk management or clearing purposes.
7. The undersigned signatory of the Clearing Member is authorized to act on behalf of the organization.

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

CLEARING MEMBER:

Signature:

Print Name:

Title:

Date:

CLEARING MEMBER CONTACT INFORMATION

Clearing Member Name:

Please provide the primary contact and, where requested, an alternate contact for each topic and/or position provided below. Should any of the provided contacts change, updates must be provided to the Clearing House via email to apilon@miaxglobal.com.

Position Reporting for Open Interest Contract	
Primary Contact	Alternate Contact
Name:	Name:
Title:	Title:
Phone Number:	Phone Number:
Email Address:	Email Address:
GAP and General Trade Inquiries	
Primary Contact	Alternate Contact
Name:	Name:
Title:	Title:
Phone Number:	Phone Number:
Email Address:	Email Address:
Delivery Issues	
Primary Contact	Alternate Contact
Name:	Name:
Title:	Title:
Phone Number:	Phone Number:
Email Address:	Email Address:

Option Exercises	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Main Back-Office	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
CGM File Creation	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
CGM File Errors	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:

Daily Pay/Collects	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Collateral Management	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Risk Management	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Account Ownership and Control / Large Trader Reporting	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:

Disciplinary Action Notices

Primary Contact

Name:

Title:

Phone Number:

Email Address:

Alternate Contact

Name:

Title:

Phone Number:

Email Address:

Financial Statements

Primary Contact

Name:

Title:

Phone Number:

Email Address:

Alternate Contact

Name:

Title:

Phone Number:

Email Address:

Trade Documentation

Primary Contact

Name:

Title:

Phone Number:

Email Address:

Alternate Contact

Name:

Title:

Phone Number:

Email Address:

Electronic Order Information

Primary Contact

Name:

Title:

Phone Number:

Email Address:

Alternate Contact

Name:

Title:

Phone Number:

Email Address:

Business Development	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Business Continuity and Disaster Recovery	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Technology	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:
Legal	
Primary Contact Name: Title: Phone Number: Email Address:	Alternate Contact Name: Title: Phone Number: Email Address:

Officer Contact

Chief Executive Officer

Name:

Phone Number:

Email Address:

Chief Financial Officer

Name:

Phone Number:

Email Address:

Chief Compliance Officer

Name:

Phone Number:

Email Address:

Clearing Member:

Signature:

Print Name:

Title:

Date:

AUTHORIZED PERSON FORM

MGEX requires firms to designate an Authorized Person(s) who shall be authorized to deal with MGEX with respect to their Clearing Membership, and who shall be authorized to represent the firm before MGEX. By indicating an Authorized Person(s) below, the firm is guaranteeing that person(s) has apparent signing authority and is authorized to act on behalf of the firm. The Authorized Person shall have the authority to make membership decisions on behalf of the firm including, but not limited to, applying, changing, or withdrawing membership.

MGEX may only discuss the application and information provided pursuant thereto with those individuals designated by the firm as a Designated Spokesperson and/or an Authorized Person. Changes to the list of Authorized Person(s) may only be made in writing by completing and emailing an updated Authorized Person Form.

Authorized Persons		
Name	Job Title	Email

I attest that the information provided above is accurate and complete. This form shall supersede any previously submitted Authorized Person Form.

Signed:

Date:

Name:

Title:

*Must be an Authorized Officer, Managing Member of an LLC or Partner. The signor should also be designated as an Authorized Person above. In addition, any individual who has signed an attestation or any form within this application must also be listed and qualify as an Authorized Person in this section.

SECURITY DEPOSIT INFORMATION

MGEX Rule 2105.00 provides that each Clearing Member shall make a deposit with the Clearing House as security for its obligations to the Clearing House in a form designated by the Exchange.

Please note that this page contains information regarding the minimum amounts a Clearing Member may be required to post for its security deposit. The final amount shall be determined by the MGEX Clearing House during the application review process.

Minimum Deposit

Each designated contract market that MGEX clears for has an associated minimum security deposit determined by MGEX. Each Clearing Member's total minimum required security deposit shall be determined by the Clearing House and shall be based on which designated contract market(s) the Clearing Member is ultimately approved to clear. Minimum security deposits shall be the following:

Security Deposit Minimums	
MGEX	\$500,000
Bitnomial Exchange (new Clearing Member)	\$500,000
Bitnomial Exchange (existing MGEX Clearing Member)	\$100,000
Intelligent Medicine Exchange	\$250,000

Format

MGEX accepts Cash (U.S. Dollars) and United States Treasury Bills as collateral. Clearing Members may submit up to 40% of their initial security deposit in U.S. Treasury Bills; the remaining 60% must be submitted in cash.

Notification

Clearing Member applicants will be notified via email of their required security deposit during the onboarding process. Wire instructions will be sent to the applicant via email once the final amount is determined by the Clearing House Risk team. The security deposit may be sent at any time following receipt of the amount and wire instructions but must be received prior to the go-live date agreed upon by MGEX and the applicant.

Clearing Members are invited to nominate individuals to serve on the Clearing House’s two Risk Committees, the Risk Advisory Working Group (RWG) and the Risk Management Committee (RMC). Both committees have membership from representatives of Clearing Members and customers of Clearing Members and meet a minimum of twice per year.

Risk Advisory Working Group

The RWG serves as a forum to seek and receive risk-based views from market participants in order to provide comments to MGEX and the RMC on matters with a material impact on the risk profile of the MGEX Clearing House with the goal of protecting the integrity of MGEX’s markets. Individual(s) nominated must have relevant risk experience that will allow him or her to offer informed opinions on matters presented to the RWG.

RWG Nominations		
Name	Title	Email

Please provide a description of relevant risk experience for each candidate identified above:

Risk Management Committee

The RMC serves as a forum for its members to provide informed, risk-based opinions to MGEX and the MGEX Board of Directors on matters with a material impact on the risk profile of the MGEX Clearing House with the goal of supporting the safety and efficiency of the Clearing House and the stability of the broader financial system. All substantive feedback provided by the RMC will be presented to the MGEX Board of Directors for consideration.

RMC members serve two-year terms, with the ability to serve up to two consecutive terms. Individual(s) nominated must work in risk management capacities at the market participant firm or have significant background and expertise in such areas.

RMC Nominations		
Name	Title	Email

Please provide a description for each candidate identified above detailing their risk background and expertise: