



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 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.

Contact Information:

Organization/Individual's Full Legal Name: _____

Date Established (if an organization): _____

Contact Person: _____

Mailing Address: _____

Primary Email Address: _____

Website Address (if applicable): _____

1. Please respond to the following questions:

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?	[]	[]
b. Has your organization or its principals ever been denied membership or clearing privileges by any commodity or securities exchange/clearing organization?	[]	[]
c. 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?	[]	[]
d. Has your organization or its principals ever been convicted, pled guilty, entered a plea of “no contest” or entered into a voluntary settlement as to any violation of any criminal or penal code?	[]	[]
e. Is your organization or its principals subject to any investigation or have any charges been brought by any governmental or regulatory authority or exchange/clearing organization for violation of its laws or rules?	[]	[]
f. Does your organization or its principals currently have any judgments, liens, attachments or other encumbrances filed against it?	[]	[]

If your response is “Yes” to any of the above, please describe below and provide supporting documentation. Use a separate sheet if necessary.

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.

<u>Clearing Member:</u>	<u>Account Number:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

5. Are you currently a Record Owner at MGEX? Yes [] No []

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

Rate Schedule

Liquidity Provider Permit (LPP)	
	1 - 5,000
Member Rate	\$0.40
Delegate Rate	\$0.60
Non-Member Rate	\$0.70
	5,001 - 10,000
Member Rate	\$0.30
Delegate Rate	\$0.50
Non-Member Rate	\$0.60
	10,001 - 15,000
Member Rate	\$0.20
Delegate Rate	\$0.40
Non-Member Rate	\$0.50
	15,000+
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. 4th Street
111 Grain Exchange Building
Minneapolis, MN 55415
Phone: (612) 321-7161
Fax: (612) 321-7121
Email: kdusek@mgex.com

MGEX Liquidity Provider Permit	OFFICE USE ONLY	Clearing Member check: _____
	Approved: _____	Effective Date: _____