

Enclosed are the forms necessary to apply for Clearing Privileges at MIAX Futures, LLC ("MIAX Futures"). Please contact MIAX Futures with any questions regarding these documents.

Applicant's Full Legal Name

Date Submitted to MIAX Futures

This application must be accompanied by a \$2,000 non-refundable application fee.

Contact Us

MIAX Futures Exchange, LLC
400 S. 4th Street, Suite 111
Minneapolis, MN 55415

www.miaxglobal.com

miaxfuturesclearingmembership@miaxglobal.com

Thank you for your interest in Clearing Membership with MIAX Futures and/or the designated contract markets MIAX Futures clears contracts for. Please review and follow all directions contained in this applicant packet carefully. Please note that any incomplete or missing information will extend the review process. Prior to submitting the application, each applicant should:

1. Ensure all questions on the application have been thoroughly reviewed and completely answered.
2. Ensure all supporting documents are attached.
3. A complete application and all applicable supporting documentation should be emailed to miaxfuturesclearingmembership@miaxglobal.com.

MIAX Futures 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 MIAX Futures. Such confidential information may only be disclosed to MIAX Futures 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. MIAX Futures 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.

Application for Clearing Privileges Checklist

Complete this section before submitting your application to ensure all necessary documents have been filed. Failure to submit a document may delay the approval of your application. However, if an updated document is currently on file, you need not resubmit. If explicitly agreed upon by the Clearing Member in any applicable Clearing Member Agreement(s), this information may also be shared by MIAX Futures with the relevant designated contract market solely for purposes of the designated contract market's approval of the Clearing Member.

Application for Clearing Privileges Checklist

Application for Clearing Privileges

MIAX Futures Clearing Member Agreement (required by ALL Clearing Member Applicants)

DCM-Specific Clearing Member Agreement(s) (IMX Applicants only)

Segregation of Funds Agreement (FCMs only)

Clearing Member Contact Information Form

Authorized Person(s) Form

Supporting Documents

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

Articles of Incorporation or Articles of Organization

Bylaws, Operating Agreement, or Partnership Agreement

Supporting Documents for inquiries 11-18

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

Letter granting authorization to MIAX Futures to provide the DSRO with end-of-day account balance information (FCMs only)

Risk Management policies and procedures

Completed Comprehensive Risk Questionnaire (will be sent separately by MIAX Futures)

Financial

Audited financial statements for last 2 years

Most recent quarterly financial statement

\$2,000 Clearing Application Fee

Wire Instruction Change Form (will be sent separately by MIAX Futures)

Deposit

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

Clearing Privileges Application

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)

Attach any current organizational documents for the entity, including but not limited to the Articles of Incorporation, Certificate of Incorporation, Bylaws, Articles of Association, Articles of Organization, Limited Liability Company Operating Agreement, Partnership Agreement, and/or Articles of Amendment as applicable, (including all sub-agreements).

3. Date Established:

4. Federal Tax Identification Number:

5. LEI Number:

6. Main Address:

Phone Number:

Fax Number:

Email Address:

Website:

Clearing Privileges Application

7. Local Address, if applicable:

Phone Number:

Fax Number:

Email Address:

8. Fiscal Year End:

9. Billing Address:

Billing Email:

10. Public Accountant Information:

Company Name:

Address:

Phone Number:

Fax Number:

Email Address:

Contact Name:

11. Indicate which designated contract market(s) your organization would like to clear. Select all that apply.

MIAX Futures

Intelligent Medicine Exchange, LLC

If the answer is “Yes” to any of the following Questions 11-18, supporting documentation is required.

12. Has your organization or any of its principals 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.

Yes

No

13. Has your organization or any of its principals ever been denied membership or clearing privileges by any exchange or clearing organization? If yes, describe and provide supporting documentation.

Yes No

14. Have any such membership or clearing privileges ever been suspended, revoked, or conditioned? If yes, describe and provide supporting documentation.

Yes No

15. Has your organization or any of its principals ever been: (a) convicted of any felony, pled guilty, entered a plea of “no contest” or entered into a voluntary settlement as to any violation of any criminal or penal code; 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.

Yes No

16. 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.

Yes No

17. Has your organization or any affiliated organization ever failed in business, made a compromise with or assignment of assets for the benefit of creditors, or been a party to any voluntary or involuntary proceeding under any relevant Bankruptcy Law, taken advantage of any Exemption Law or pleaded the Statute of Limitations to any claim of creditors? If yes, describe and provide supporting documentation.

Yes No

18. Has your organization ever used, been known by, or conducted business under, any other name? If yes, describe and provide supporting documentation which may include the Articles of Incorporation, Articles of Organization, Articles of Amendment, or similar documents to the extent such documents are available. If unavailable for any reason, please explain.

Yes No

19. Does your organization or its principals currently have any judgments, liens, attachments, or other encumbrances filed against it? If yes, describe and provide supporting documentation.

Yes No

20. Indicate present, and pending, 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.**

Status - Check all that are applicable

Member of the following: Member Clearing Firm Actively Clearing

21. Is your organization registered as a Futures Commission Merchant with the CFTC and National Futures Association (NFA)? If yes, provide the NFA identification number:

Yes No

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

23. Is your organization registered as a broker/dealer? If yes, state your Designated Examining Authority (DEA):
- Yes No
24. Is your organization registered in any other regulatory capacity? If so, indicated the nature and country of registration(s).
- Yes No
25. What bookkeeping system is utilized by your organization?
26. Does your organization intend to clear its customer trades? If no, which entity will clear these trades?
- Yes No
27. Does your organization intend to clear its non-customer/proprietary trades? If no, which entity will clear these trades?
- Yes No
28. Is your organization, a subsidiary of your organization, or parent company/owner of your organization regulated by the U.S. Federal Deposit Insurance Corporation (FDIC) and/or U.S. Office of the Comptroller of the Currency (OCC)? If so, please identify the entity and its regulator(s).
- Yes No
29. If the applicant is an FCM, attach a list of all branch offices transacting futures related business.
30. If the applicant is an FCM, attach a list of all guaranteed introducing brokers.
31. Please provide a copy of your organization's risk management policies.

32. Please attach an organization chart indicating all employees involved with risk management with reporting lines.
33. List all officers involved in the risk management process. **Attach a continuation sheet if necessary.**
34. 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:		

35. Please provide the vendor name of your middle office provider.
36. Please provide the vendor name of your back office provider.
37. If applying to clear MIAX Futures Products, do you have access to and an account with Egrains allowing you to make and take delivery in accordance with MIAX Futures Rules and Regulations?

Yes No

38. Please provide a copy of the most recent monthly financial statement and the last two years of audited financial statements with footnotes.
39. List all organizations/persons who own 20% or more of your organization, including the percentage of ownership.

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

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

Name:

Title:

Address:

Phone Number:

Fax Number:

Email Address:

***Signature page follows.

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

Also, I authorize MIAX Futures to obtain information from sources that MIAX Futures deems appropriate in order to adequately evaluate and process this application. In addition, I authorize MIAX Futures 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 have obtained any required consent, authorization, and approval of, have filed with, and have taken all other actions required by any governmental authority or regulatory body, or under any law, rule, or regulation applicable to the firm in connection with the application for clearing privileges, and 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 STAMP

Notary Public,

County

State of

My commission Expires:

MIAX Futures CLEARING MEMBER AGREEMENT

(MUST BE COMPLETED BY ALL CLEARING MEMBERS)

The undersigned, _____, a Clearing Member of the MIAX Futures Exchange, LLC ("MIAX Futures"), hereby agrees as follows:

1. The undersigned agrees that it will observe and be bound by the Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures and all amendments and modifications thereto which may be adopted from time to time. All Rules and all amendments thereto are hereby incorporated fully as if set out fully herein. MIAX Futures shall have all the liens, rights, and remedies contemplated by the Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures. If the undersigned ceases to be a Clearing Member, the undersigned shall nonetheless continue to be bound by the Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures as to all matters and transactions occurring while the undersigned was a Clearing Member.
2. The Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures shall be part of the terms and conditions of every contract or transaction which the undersigned makes with MIAX Futures.
3. The undersigned will pay to MIAX Futures the fees provided for in the Rules, Regulations, Resolutions, and fee schedules of MIAX Futures for all services rendered to the undersigned, or for any services rendered on behalf of the undersigned; and any fines imposed for the failure of the undersigned to comply with the Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures, or any other requirement, while a Clearing Member.
4. The undersigned will promptly pay to MIAX Futures such other amounts including, but not limited to, initial and variation margins and premium payments as may become payable to MIAX Futures by the undersigned under the Articles, Bylaws, Rules, Regulations, Resolutions, procedures, and policies of MIAX Futures.
5. Except as otherwise permitted by MIAX Futures, the undersigned will give all instructions concerning securities held by or subject to the instructions of MIAX Futures through MIAX Futures and not otherwise; and depositories shall, in all respects, be entitled to rely upon the instructions of MIAX Futures with respect to such securities.
6. The undersigned authorizes MIAX Futures to provide to any governmental agency, upon request, information that the governmental agency is legally authorized to receive.
7. The undersigned will maintain its accounts with MIAX Futures in compliance with all applicable laws, Rules, and Regulations; and the existence of any account with MIAX Futures shall constitute the representation by the undersigned to MIAX Futures that such account has been maintained in compliance with all applicable laws, Rules, and Regulations at all times during existence.
8. The undersigned hereby grants MIAX Futures a first priority and unencumbered security interest and lien in all property, cash, securities, or collateral deposited with MIAX Futures by the undersigned to secure obligations of the undersigned. MIAX Futures shall have control over all securities deposited with MIAX Futures pursuant to Section 9-106(a) and 8-106(e) of the UCC and a perfected security interest pursuant to Section 9-314(a) of the UCC. The undersigned shall take any action that may be required by MIAX Futures to create, preserve, perfect, validate, or enforce any such security interest.

9. The undersigned agrees to notify MIAX Futures in the event it has a significant negative change to its authority to perform its obligations as a clearing member or becomes unqualified to do business in a jurisdiction where such qualification is required.
10. The undersigned acknowledges and agrees that MIAX Futures is not liable to it or to any third party for any direct damages which may arise from any claim relating to services provided by MIAX Futures; nor is MIAX Futures liable for any special, consequential, exemplary, or incidental damages (including lost profits) arising from any claim relating to services provided by MIAX Futures, regardless if the claim for such damages is based on warranty, contract, tort (including negligence or strict liability), or otherwise, even if an authorized representative of MIAX Futures is advised or has knowledge of the possibility or likelihood of claims or damages.
11. All claims and disputes arising under or relating to this Agreement are to be settled by binding arbitration in the State of Minnesota. An award of arbitration may be confirmed in a court of competent jurisdiction.
12. The undersigned represents and warrants to MIAX Futures that:
 - (a) neither the execution and delivery of this Agreement, nor any act to be performed pursuant to this Agreement by MIAX Futures, or by or on behalf of the undersigned, will violate any: partnership agreement, Articles of Incorporation, Charter, Bylaws, entity agreements to which the undersigned may be bound, or any law or Regulation of any governmental authority;
 - (b) it meets all the requirements for clearing membership;
 - (c) all current and future trading activity of the undersigned will conform to the requirements for such trading activity as established by MIAX Futures; and
 - (d) all information provided herein is true, accurate, and complete.

CLEARING MEMBER:

Signature:

Print Name:

Title:

Date:

MIAX Futures, LLC:

Signature:

Print Name:

Title:

Date:

MIAX Futures 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 MIAX Futures Clearing Member, including the MIAX Futures Clearing Member Agreement, as well as meet all IMX requirements. This Agreement must be executed before a Clearing Member may begin clearing IMX Contracts.

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 MIAX Futures 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 MIAX Futures 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 MIAX Futures 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 MIAX Futures and/or IMX and understands its obligations to MIAX Futures and IMX.
5. The Clearing Member guarantees and assumes responsibility for all trading activity routed through IMX’s

electronic trading system to MIAX Futures 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 MIAX Futures 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:

MIAX Futures, LLC:

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 miaxfuturesclearingmembership@miaxglobal.com.

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

SEGREGATION OF FUNDS AGREEMENT

ATTN: MIAX Futures, LLC
400 South 4th Street
Suite 111
Minneapolis, MN 55415-1413

We have on deposit, or may at some future date have on deposit, with the MIAX Futures, LLC (“MIAX Futures”) Clearing House, certain sums of money identified on our Recap Ledger as Customer Segregated, which may from time to time be invested in obligations of the U.S. Government or other securities permitted by law. These funds and securities have been received from customers to margin trades executed on MIAX Futures, or represent money accrued to our customers as a result of such trades.

The foregoing described funds and securities, if any, and any subsequent additions thereto represent and include funds belonging to our customers trading in commodity futures and options contracts which are regulated by the Commodity Exchange Act (“CEA”), as amended, and are held and are to be held, in accordance with the provisions of the OEA. These funds are segregated and treated as belonging to our commodity customers rather than as belonging to ourselves.

Clearing Member:

General Partner or Principal Officer:

Name:

Signature:

Title:

Date:

Receipt is hereby acknowledged and we agree to the terms set forth therein.

MIAX Futures:

Print or Type Name:

Officer:

Signature:

Title:

Date:

AUTHORIZED PERSON FORM

MIAX Futures requires firms to designate an Authorized Person(s) who shall be authorized to deal with MIAX Futures with respect to their Clearing Membership, and who shall be authorized to represent the firm before MIAX Futures. 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.

MIAX Futures 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

MIAX Futures 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 MIAX Futures Clearing House during the application review process.

Minimum Deposit

Each designated contract market that MIAX Futures clears for has an associated minimum security deposit determined by MIAX Futures. 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 Members is ultimately approved to clear. Minimum security deposits shall be the following:

Security Deposit Minimums	
MIAX Futures	\$500,000
Intelligent Medicine Exchange	\$250,000

Format

MIAX Futures 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 MIAX Futures and the applicant.

NOMINATIONS TO RISK COMMITTEES

OPTIONAL

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 MIAX Futures and the RMC on matters with a material impact on the risk profile of the MIAX Futures Clearing House with the goal of protecting the integrity of MIAX Futures’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:

NOMINATIONS TO RISK COMMITTEES (CONTINUED)

OPTIONAL

Risk Management Committee

The RMC serves as a forum for its members to provide informed, risk-based opinions to MIAX Futures and the MIAX Futures Board of Directors on matters with a material impact on the risk profile of the MIAX Futures 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 MIAX Futures 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: