

Enclosed are the forms necessary to request Clearing Privileges for another designated contract market(s) for which MIAx Futures, LLC ("MIAx Futures") acts as the derivatives clearing organization. Please contact MIAx Futures with any questions regarding these documents.

Clearing Member's Full Legal Name

Date Submitted to MIAx Futures

## Contact Us

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

[www.miaxglobal.com](http://www.miaxglobal.com)

[miaxfuturesclearingmembership@miaxglobal.com](mailto:miaxfuturesclearingmembership@miaxglobal.com)

Thank you for your interest in continued Clearing Privileges with MIAX Futures and the designated contract markets MIAX Futures 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 MIAX Futures clears for. If your organization is not already an approved MIAX Futures 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 [miaxfuturesclearingmembership@miaxglobal.com](mailto: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 or a Request for Additional Clearing Privileges. 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.

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

MIAX Futures, LLC

Intelligent Medicine Exchange, LLC

2. The undersigned Clearing Member further certifies that it has provided all documentation required by MIAX Futures pursuant to this Request and will comply with all reasonable requests from MIAX Futures for any additional information MIAX Futures 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 MIAX Futures 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 MIAX Futures 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 MIAX Futures 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

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 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 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](mailto:miaxfuturesclearingmembership@miaxglobal.com).

| Position Reporting for Open Interest Contract  |  |
|--|--|
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| GAP and General Trade Inquiries  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Delivery Issues  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |



| Option Exercises   |  |
|--|--|
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Main Back-Office   |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| CGM File Creation  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| CGM File Errors  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |

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

| Disciplinary Action Notices  |  |
|--|--|
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Financial Statements   |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Trade Documentation  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Electronic Order Information   |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |

| Business Development   |  |
|--|--|
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Business Continuity and Disaster Recovery  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Technology   |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |
| Legal  |  |
| <b>Primary Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: | <b>Alternate Contact</b><br><br>Name:<br><br>Title:<br><br>Phone Number:<br><br>Email Address: |

| Officer Contatcs  |  |
|---|--|
| <b>Chief Executive Officer</b><br><br>Name:<br><br>Phone Number:<br><br>Email Address:  | <b>Chief Financial Officer</b><br><br>Name:<br><br>Phone Number:<br><br>Email Address: |
| <b>Chief Compliance Officer</b><br><br>Name:<br><br>Phone Number:<br><br>Email Address: |  |

**Clearing Member:**

Signature:

Print Name:

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: