



March 1, 2024

Web 2024-4

MGEX Rulebook Update

The following updates have been made to the MGEX Rulebook:

Chapters/Section	Citation	Purpose
Bylaws	7.7.	Bylaw amended to require the ROC to be composed of “at least” three Public Directors.
Chapter 2	2.1.4., 2.1.7.	Rules amended to correct citations and add Juneteenth as an Exchange holiday.
Chapter 70	Form 4-00.00, Form 4-01.00, Form 4-10.00, Form 4-10.01, Form 4-14.00, Form 4-15.00, Form 20-26.00, Form 9-00.00, Form 3-20.00, Response to Commission Registrant Complaint Form; Form 5-02.00, Form 5-10.00, Form 5-14.00, Form 5-15.00	Updated and deleted certain Forms as necessary.

These changes are available on the MGEX website at www.miaxglobal.com:

1. Click on “Our Markets”
2. Scroll down to “U.S. Futures” and click on “Rulebook” for the latest version of the MGEX Rulebook

If you have any questions or problems accessing the MGEX Rulebook, please contact me at (612) 321-7169 or carlson@miaxglobal.com.

Sincerely,

Layne G. Carlson, Secretary

AMENDED AND RESTATED BYLAWS

7.7. REGULATORY OVERSIGHT COMMITTEE.

There shall be established a Committee of the Board of Directors to be known as the Regulatory Oversight Committee. It shall be composed of at least three (3) Directors, and all such Directors shall be Public Directors, elected by the Board. The Committee shall have the duties and powers as described and required under Core Principle 16 described in 17 CFR Part 38.

CHAPTER 2. UNIVERSAL PROVISIONS

2.1.4. MGEX RULES, INTERPRETATION, AND ENFORCEMENT AUTHORITY.

The Exchange has adopted the MGEX Rules, and from time to time adopts amendments to such Rules (See **Bylaw 2.3.** and **2.4.**), to promote a free and open market on the Exchange, to maintain appropriate business conduct, and to provide protection to the public. The Exchange, in its sole discretion, will interpret and enforce the MGEX Rules not inconsistent with applicable provisions of the CEA and CFTC Regulations.

2.1.7. HOLIDAYS.

The following days are declared to be holidays, during which the Exchange will not be open for business: New Year's Day, Dr. Martin Luther King, Jr. Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. When a holiday falls on a Saturday it will be observed the preceding Friday. When a holiday falls on a Sunday it will be observed the following Monday. The Exchange may, in its discretion, declare additional holidays and details of observance.

CHAPTER 70. FORMS

PART 1
Page 1 of 3

MGEX FORM 4-1 ARBITRATION PROFILE

The information included on Part 1 of the data sheet will be disclosed to the parties at the time you are selected to enable them to determine potential conflicts of interest.

Name: _____

Position: _____

Employer's Name: _____

Employer's Address _____

Street

City

State

Zip

Preferred mailing address: _____ Business
_____ Home
_____ Other

In the space provided below, please list your employment history. Include your present position first. If retired, please list your last employer, number of years at the firm and date of retirement. A resume may be submitted in lieu of this section.

Previous Employer: _____

Starting Date: _____/_____/_____ Ending Date: _____/_____/_____ Year(s) _____
Month Date Year Month Date Year

Position/Title: _____

Duties/Responsibilities: _____

Previous Employer: _____

Starting Date: _____/_____/_____ Ending Date: _____/_____/_____ Year(s) _____
Month Date Year Month Date Year

Position/Title: _____

Duties/Responsibilities: _____

Previous Employer: _____

Starting Date: _____/_____/_____ Ending Date: _____/_____/_____ Year(s) _____
Month Date Year Month Date Year

Position/Title: _____

Duties/Responsibilities: _____

In the space provided below, please list your educational background.
 (Information provided in this section is optional)

School Level	Name and Location	No. of Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Graduate School				
Trade Business or Other School				

Describe any current or prior experience as an arbitrator in a futures industry dispute and as an arbitrator in general, or other experience that you feel qualifies you to serve.

List the name of any Professional or Business Associations of which you are a member. Include offices held.

Name: _____

Social Security No: _____ Home

Telephone: (_____) _____

Date of Birth: _____
Month / Date / Year

Office Telephone: (_____) _____

Home Address: _____
Street City State Zip

The following information is requested to enable the Secretary of the Exchange to determine if there is a potential conflict which would preclude you from serving on an arbitration panel.

1. Brokerage firm(s) where you maintain an account (include IRA and Keogh Accounts).

2. Do you, your employer/firm, or your family have any significant business relationship with futures industry firms? If so, please list the name of the firm(s) and the type of relationship.

3. Have you ever had your registration or authority to practice any business or professional license revoked or suspended? _____
4. Have you ever been disciplined by MGEX or another self-regulatory organization? If so, give dates and details.

5. Related areas of expertise: _____

The computation of monetary loss is based on the following calculation:

In support of these allegations, I present as evidence the following documents: (i.e., statements of witnesses, pertinent documents such as account statements, time and sales, etc.). Copies of the evidentiary material should correspond with the heading you have assigned below.

C-1 _____
C-2 _____
C-3 _____
C-4 _____
C-5 _____
C-6 _____

C-7 _____
C-8 _____
C-9 _____
C-10 _____
C-11 _____
C-12 _____

Subscribed and sworn to before me
this _____ day of _____
_____ A.D., 20_____
Notary Public, _____ County
State of _____

Complainant's Signature:

Print Name

Date

Notary Public

SEAL

**MGEX
FORM 4-4
PETITION FOR JOINT ARBITRATION**

_____, 20____

To the Secretary of MGEX

_____ and _____ hereby submit to the jurisdiction of a Board of Arbitration, and hereby voluntarily submit their respective claims or grievances hereinafter referred to, to the arbitrament of a panel of arbitration in accordance with the Charter, Bylaws, Rules, custom and usages of the Exchange.

Attached hereto is a sworn statement of claim or grievance by each Petitioner. Also attached are documents, if any, which are submitted as evidence to support each Petitioner's grievance or claim.

Petitioners jointly wish to place the matters in issue before a Board of Arbitration, but neither Petitioner wishes to take the position of Complainant. The Board of Arbitration will, however, for procedural purposes only, including the identifying caption of the matter, assign one Petitioner as Complainant and one Petitioner as Respondent.

First Petitioner

Second Petitioner

The computation of monetary loss is based on the following calculation:

In support of these allegations, I present as evidence the following documents: (i.e., statements of witnesses, pertinent documents such as account statements, time and sales, etc.). Copies of the evidentiary material should correspond with the heading you have assigned below.

- PP-1 _____
- PP-2 _____
- PP-3 _____
- PP-4 _____
- PP-5 _____
- PP-6 _____

- PP-7 _____
- PP-8 _____
- PP-9 _____
- PP-10 _____
- PP-11 _____
- PP-12 _____

Subscribed and sworn to before me
this _____ day of
_____ A.D., 20____
Notary Public, _____ County
State of _____

Petitioner's Signature:

Print Name

Notary Public

Date

SEAL

The computation of monetary loss is based on the following calculation:

In support of these allegations, I present as evidence the following documents: (i.e., statements of witnesses, pertinent documents such as account statements, time and sales, etc.). Copies of the evidentiary material should correspond with the heading you have assigned below.

PP-1 _____
PP-2 _____
PP-3 _____
PP-4 _____
PP-5 _____
PP-6 _____

PP-7 _____
PP-8 _____
PP-9 _____
PP-10 _____
PP-11 _____
PP-12 _____

Subscribed and sworn to before me
this _____ day of
_____ A.D., 20____
Notary Public, _____ County
State of _____

Petitioner's Signature:

Print Name

Notary Public

Date

SEAL

MINNEAPOLIS GRAINEXCHANGE
FORM 4-5
RESPONDENT'S ANSWER

To the Secretary of MGEX

_____, 20____

IN THE MATTER OF CLAIM
OR GRIEVANCE OF

_____(Petitioner)

vs.

_____(Respondent)

The above Respondent hereby submitting to the jurisdiction of said Board of Arbitration, and hereby voluntarily submitting the Claim or Grievance referred to in said Complaint and in the Answer to the arbitrament of said Panel for Answer to the Complaint says:

(The Answer shall then set forth in plain language the substance and particulars of the Respondent's Answer.)

(Describe in detail the circumstances surrounding the transactions(s) in question; e.g., date, commodity month, price, quantity, time, parties involved, etc. You may attach photocopies of pertinent documents such as account statements, time and sales, and sworn statements of witnesses).

(If you need more space to explain your Answer, please attach additional paper)

In support of this Answer, I present as evidence the following documents: (i.e., statements of witnesses, pertinent documents such as account statements, time and sales, etc.). Copies of the evidentiary material should correspond with the heading you have assigned below.

R-1 _____

R-7 _____

R-2 _____

R-8 _____

R-3 _____

R-9 _____

R-4 _____

R-10 _____

R-5 _____

R-11 _____

R-6 _____

R-12 _____

Subscribed and sworn to before me
this _____ day of
_____ A.D., 20_____
Notary Public, _____ County
State of _____

Respondent's Signature:

Print Name

Notary Public

Date

SEAL

The computation of monetary loss is based on the following calculation:

In support of these allegations, I present as evidence the following documents: (i.e., statements of witnesses, pertinent documents such as account statements, time and sales, etc.). Copies of the evidentiary material should correspond with the heading you have assigned below.

CC-1 _____
CC-2 _____
CC-3 _____
CC-4 _____
CC-5 _____
CC-6 _____

CC-7 _____
CC-8 _____
CC-9 _____
CC-10 _____
CC-11 _____
CC-12 _____

Subscribed and sworn to before me
this _____ day of
_____ A.D., 20____
Notary Public, _____ County
State of _____

Respondent's Signature:

Print Name

Notary Public

Date

SEAL

Date:

Name
Street
City, State, Zip

Dear _____:

RE: RESPONSE TO COMMISSION REGISTRANT COMPLAINT

We understand that you seek redress from a customer (see CFTC Regulation § 166.5) in connection with misunderstandings or disagreements arising from the handling of your account, or orders or executions for your account, on business conducted on, and subject to MGEX Rules.

We ask that you complete the enclosed **STATEMENT OF CLAIMS FORM**, which will be the basis for your claim against the customer whom you indicate.

In describing the substance of the Complaint, please indicate as accurately as you can the dates involved, the commodities in dispute and, where appropriate, the number of contracts, the prices and any other pertinent information. Identify any other persons involved, either as participants or witnesses and, where possible, their business affiliation. Copies of orders, confirmations, statements, trade agreements or other memoranda will be helpful.

When the completed Complaint form has been received by this office, the Respondent will be advised and, in accordance with MGEX Rules, an arbitration panel will be formed to arbitrate the differences.

In arbitrations between one Exchange customer and another, the Exchange chooses arbitrators from a pool of twenty (20) or more persons, and all of whom are familiar with MGEX Bylaws and Rules, customs and usages. However, in an arbitration between a Commission registrant (see CFTC Regulation § 166.5) and another customer, the Commission registrant customer may elect to have the dispute heard by an independent, or mixed, panel. This independent panel will consist of two persons who are not customers of the Company nor associated with any customers of the Exchange, and one Exchange customer.

Should you elect to have the dispute heard by an independent panel as described above, it is necessary that you advise the Secretary in writing within ten (10) business days after the date of the Secretary's Notice. In the absence of such advice from you, the dispute will be heard by the Arbitration Panel.

Fees from each hearing before a Customer Claims Arbitration Panel (whether customers or independent) shall be as follows:

For each case involving up to \$2,500.00	\$100.00
For each case involving \$2,501.00 to \$10,000.00	\$200.00
For each case involving more than \$10,000.00	\$300.00
For any non-monetary claims	\$300.00

The amount of the fee shall be based on the amount asked in the Complaint; and, in cases in which the payment of money is neither asked in the Complaint nor awarded, the fees shall be at the discretion of the panel, but, in no case more than three hundred dollars (\$300.00).

In each case, all fees shall be paid in advance to the Exchange. Such fees shall be retained by the Exchange whether the case is heard or not.

The CFTC has ruled that the incremental cost for an independent panel is solely for the expense of the Exchange customer unless the arbitrators determine that the customer acted in bad faith in initiating or conducting the proceedings.

Please note that MGEX Rule 418.00. PRE-HEARING EXCHANGE OF DOCUMENTS AND WRITTEN INFORMATION (see enclosed copy of Arbitration Rules) requires that all parties cooperate in the voluntary exchange of relevant documents and written information to facilitate a fair, equitable and expeditious hearing.

If you have questions or need further assistance in completing the Complaint form, please contact me at 612-321-7101 or write:

*MGEX
Attn: Secretary
400 South 4th Street - Suite 130
Minneapolis, MN 55415*

Please remember to let us know if you want an independent panel. Also, please accompany your Complaint form by a check in the appropriate amount (see previous page and Customer Claim Form).

Very truly yours,
MGEX

Secretary's Office

**MGEX
REQUIRED LOAD-OUT NOTICE**

Serial No. _____

TO _____ Minneapolis, MN _____, 20_____

We have loaded out of the _____ Elevator for your account _____ cars containing _____.

These cars are carded to the _____ Railroad Yard for our account, and possession thereof can be obtained upon surrender of the original copy of the Load-out Notice properly signed.

X or V C	Car No.	Initial	Gross Pounds	Bushels	Capacity Ordered	Capacity Furnished	Remarks

"X" furnished at R.R. Co.'s convenience.
"VC" loaded to full visible capacity.

(Name of Elevator Company)

NOTE – Each line not used should be "X'd"
Out. Positively not more than one car to
a line or five cars in all.

Per _____



**Minneapolis Grain Exchange, LLC
Elevator Application/Renewal Form
Hard Red Spring Wheat Futures**

___ APPLICATION FOR BECOMING A "REGULAR" ELEVATOR
___ RENEWAL AS A "REGULAR" ELEVATOR

Company Information

Company Name: _____

Address: _____
Street Suite Number

_____ City State Zip Code

Telephone Number: _____ Fax Number: _____

Elevator Information

**Elevator Applying for
Regularity/Renewal:** _____

Address: _____
Street Suite Number

_____ City State Zip Code

Telephone Number: _____ Fax Number: _____

Has your elevator license ever been suspended or revoked? () Yes () No

If yes, give dates of suspension/revocation and reason(s):

NOTE

Please note that each elevator and location must submit a separate application.

Elevator Information Continued

Elevator Location: Waterfront
 Interior

Switching District: Minneapolis/St. Paul, Minnesota
 Duluth, Minnesota/Superior, Wisconsin
 Red Wing, Minnesota

Connects to One or More Rail Lines? Yes
 No

List Railroad(s) Serving Elevator: (1) _____
(2) _____
(3) _____

Type of Warehouse License: Federal License Number: _____
 State of _____ License Number: _____

CAPACITY

Licensed Storage Capacity at Elevator: _____ bushels

Total Licensed Storage Capacity at ALL _____ bushels

Elevators Applying for Regularity:

Minimum Load-out Rate in an 8 Hour Shift by Mode of Transportation: Rail: _____ bushels per day
Barge: _____ bushels per day
Vessel: _____ bushels per day

Can you load-out by rail and barge or by rail and vessel at the same time? () Yes () No

If yes, minimum combined load-out rate: _____ bushels per day

TARIFF

Storage Per Day: \$ _____ per bushel

Insurance Per Day: \$ _____ per bushel

Other Insurance Rate: _____

Note: The maximum load-out charge is eight cents per bushel. Furthermore, insurance is included within the storage charge which is limited to \$.002333 per bushel per day.

Contacts

Contact Person: _____

Title: _____

Address: _____

Street

Suite Number

City

State

Zip Code

Telephone Number: _____

Fax Number: _____

Email Address: _____

Backup Person: _____

Title: _____

Address: _____

Street

Suite Number

City

State

Zip Code

Telephone Number: _____

Fax Number: _____

Email Address: _____

2nd Backup Person: _____

Title: _____

Address: _____

Street

Suite Number

City

State

Zip Code

Telephone Number: _____

Fax Number: _____

Email Address: _____

Before this application can be considered the following documents must be included:

Tariff Audited Financial Statement* Interim Financial Statement* Copy of Warehouse License

***If not already forwarded as required by the MGEX Rules**

The undersigned agrees to comply with all MGEX Rules.

Additionally, the undersigned shall agree to subscribe to all of the applicable provisions of the CEA and CFTC Regulations.

**Return this form to:
 MGEX
 Attn: Secretary
 400 S. 4th St., Suite 130
 Minneapolis, MN 55415
 Phone: (612) 321-7169
 Fax: (612) 339-1155**

 Applicant's Name (Please type or print)

 Signature

 Title

 Phone Number

 Fax Number

 Date

RELEASE TO TRADE PERSONAL ACCOUNT

As an authorized representative of _____, who
(Company Name)

is registered in the name of _____,
(Print Exchange Customer's Name)

I, _____, _____, hereby release said Customer
(Print Name) (Officer's Title)

from the trading limitations described in MGEX Rules and permit said Customer to trade his/her account.

Print Officer's Name

Sign Officer's Name

Title

Date

Return this form to:

MGEX
Department of Audits and Investigations
400 South 4th Street
Suite 111
Minneapolis, MN 55415
(612) 338-6212