

## FRONT END REGISTRATION

New Client Set Up     Platform Change     Add Product

New Trader     Existing

Questions? Call IT: 312.800.7100 or Risk: 312.800.7171

**\*\*All fields must be completed for form to be accepted. If a field is Non-Applicable, please put NA\***

Trading Platform:\*

BTS     CME Direct     Exchange API     Onix     OptionsCity     ORC

ProOpticus     Rithmic     Stellar     Sungard     Web ICE

Trader Name \_\_\_\_\_ Trading Account # \_\_\_\_\_

Account Name (If different from trader name) \_\_\_\_\_ Date Submitted \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_ CME Acronym \_\_\_\_\_ ICE ID \_\_\_\_\_ CTI Code \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

For Option Accounts, please specify maximum borrowing needs \_\_\_\_\_

Office     Home     Cell     Office     Home     Cell

Primary Phone # \_\_\_\_\_ Backup Phone # \_\_\_\_\_

Location of Trader entering orders on Globex platform \_\_\_\_\_

Primary Trading Location     231 S. LaSalle     CBOT     Downers Grove  
 Trading Floor     Hosting at Telx     DC3 - Aurora  
 Internet

Clerk or Shared Order Book  Yes     No    If yes, name of traders \_\_\_\_\_

Non-Professional Subscriber Exemption  Yes     No

Data Requested: \_\_\_\_\_  
(List exchanges requested)



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Master Account # \_\_\_\_\_ (Office use only)

Trader Name			Trading Account #		
Exchange	Contract Symbol	Futures /Spreads / Options / Strategies <b>Must be specified</b>	Max Order Size	Max Position Limit	Max Long/ Short
		<input type="checkbox"/> Futures <input type="checkbox"/> Spreads <input type="checkbox"/> Options <input type="checkbox"/> Strategies			
		<input type="checkbox"/> Futures <input type="checkbox"/> Spreads <input type="checkbox"/> Options <input type="checkbox"/> Strategies			
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		<input type="checkbox"/> Futures <input type="checkbox"/> Spreads <input type="checkbox"/> Options <input type="checkbox"/> Strategies			

CTI Codes (Office Use Only)

CME	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4	NYMEX	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4
CBOT	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4	COMEX	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4
ICE US	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 4	CFE	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4
NFX	<input type="checkbox"/> CTI 1 <input type="checkbox"/> CTI 2 <input type="checkbox"/> CTI 3 <input type="checkbox"/> CTI 4		

Advantage may at any time in its sole and absolute discretion limit the size of orders, open positions, margin exposure, credit exposure and/or other risk exposure ("Limits") that Client may maintain or acquire through Advantage, and Client agrees not to exceed any such Limits established by Advantage and notified to Client. Client acknowledges and agrees that it is Client's responsibility to abide by any such Limits established by Advantage and notified to Client. The Limits may be amended by Advantage from time to time. The Limits are implemented for Advantage's benefit, and in no way represent a guarantee by Advantage that Client's losses may be limited by such Limits. Client agrees to indemnify, defend and hold harmless Advantage, its Affiliates, directors, officer, stockholders, employees from and against any liability, loss, cost or expense arising from any failure of Client to comply with the Limits, including, without limitation any violation of the Limits caused by the malfunction of any electronic trading or order routing system controlling or implementing such Limits.

Acknowledged and Agreed By: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Signature)

Name and Title: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Credit / Risk Approval: \_\_\_\_\_

Compliance Approval: \_\_\_\_\_

**Exhibit A to Schedule 4: Non-Professional Self-Certification Form**

Based on the Subscriber's qualifications, Subscribers may be charged reduced Fees for Information. To qualify for the reduction in Subscriber Fees, Subscriber must be considered a "Non-Professional."

**Non-Professional** shall mean and include either (i) an individual, natural person Subscriber(s) who, or (ii) certain small business entities (limited liability companies, partnerships, trusts or corporations) that, receive and use Information (excluding any pit traded data), in each case subject to the following restrictions:

The Non-Professional Subscriber must:

- a) have an active futures trading account;
- b) be an individual, natural person or small business entity

The Non-Professional Subscriber must not:

- c) be a member (or hold or lease any type membership) of any exchange;
- d) be registered or qualified as a professional trader or investment adviser with any stock, commodities or futures exchange or contract market, or with any financial regulatory authority
- e) be acting on behalf of an institution that engages in brokerage, banking, investment, or financial activities

The Non-Professional Subscriber's Use of Information must:

- f) be solely for the Subscriber's personal or private use;
- g) be limited to managing the Subscriber's own assets, and not be used in connection with the management of any assets of any third party(ies) in any capacity

The Non-Professional Subscriber's Access to Information must only

- h) be via a maximum of two trading terminals per Distributor, permissioned for Real-Time Information and capable of routing orders to the CME Globex Platform (an "Order Routing Device").

Any Subscriber who does not meet the qualifications of a Non-Professional Subscriber will be considered a Professional Subscriber.

Notwithstanding anything herein, CME reserves the right in all cases to make a final determination as to whether a Subscriber is a Non Professional or a Professional. CME reserves the right to amend this policy or terminate reduced fees for Non-Professionals at any time.

Subscribers who qualify as Non-Professionals should sign below and return this Self-Certification form to Distributor. Please note that this form may be subject to Distributor's review and approval. Subscriber must notify Distributor as soon as is reasonably practicable in the event that Subscriber no longer qualifies as a Non-Professional. I hereby certify that I qualify as a Non-Professional pursuant to the definition described herein:

**SUBSCRIBER**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_