

Cboe Futures Exchange, LLC
Block Trade | ECRP Authorized Reporter Registration and Guarantee Form
For Authorized Reporter Not Affiliated with a Trading Privilege Holder (“TPH”)

Clearing Member Name
OCC Number

The undersigned Authorized Signatory (Officer, Partner or Managing Member) of the Clearing Member hereby certifies that the individual(s) listed below (“Authorized Reporter(s)”) are authorized by the Clearing Member to report block trade and Exchange of Contract for Related Position (“ECRP”) transactions on behalf of the Cboe Futures Exchange, LLC (“CFE”) Trading Privilege Holder (“TPH”) specified below. I affirm that the Clearing Member accepts responsibility for trades reported by these Authorized Reporter(s) regardless of the accuracy of such reports.

Completed by Clearing Member Authorized Signatory	
Printed Name	Title
Signature	Date
Email Address	Phone

This form is for use in designating Authorized Reporter(s) that are not affiliated with a TPH. All designations and deletions of an Authorized Reporter not affiliated with a TPH (including any termination of the guarantee provided for above) must be made solely through submission of this form. The Authorized Reporter signature section does not need to be completed by an Authorized Reporter when a deletion of that Authorized Reporter is requested.

Authorized Reporter (“AR”) Designation(s)				
<i>AR Name</i>	<i>NFA ID</i>	<i>OEO ID (3-18 alphanumeric)</i>	<i>EFID of TPH for which AR May Report Trades</i>	<i>Add, Change or Delete</i>
				<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
				<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
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Each Authorized Reporter named above hereby agrees to abide by CFE rules applicable to Block Trades and ECRP transactions and to be subject to the jurisdiction of CFE with respect to compliance with those provisions and acknowledges that the Authorized Reporter must be registered or otherwise permitted by the appropriate regulatory body or bodies to act in a capacity of an Authorized Reporter and to conduct related activities if and to the extent required by applicable law.

Completed by First Authorized Reporter Named Above	
Affiliated Entity	
Printed Name	Title
Signature	Date
Email Address	Phone

Completed by Second Authorized Reporter Named Above (if applicable)

Affiliated Entity	
Printed Name	Title
Signature	Date
Email Address	Phone

Completed by Third Authorized Reporter Named Above (if applicable)

Affiliated Entity	
Printed Name	Title
Signature	Date
Email Address	Phone

Completed by Fourth Authorized Reporter Named Above (if applicable)

Affiliated Entity	
Printed Name	Title
Signature	Date
Email Address	Phone

Completed by Fifth Authorized Reporter Named Above (if applicable)

Affiliated Entity	
Printed Name	Title
Signature	Date
Email Address	Phone

Completed by TPH for Which AR(s) May Report Trades

TPH Organization Name	
Printed Name of Authorized Signatory	Title
Signature	Date
Email Address	Phone

Return completed form to: MembershipServices@cboe.com.