

**Cboe Futures Exchange, LLC (“CFE”)  
Lead Market-Maker (“LMM”) Program  
Appointment Application**

---

APPLICANT DATA		
Full Name of Organization:		
Business Address:		
City:	State:	Zip:
Phone:		

LMM PROGRAM
LMM Program for which LMM Appointment is Requested:
LMM Program <b>EFID</b> for which LMM Appointment is Requested:

APPLICANT CONTACT PERSON RELATED TO LMM PROGRAM	
Name of Contact Person:	
E-Mail:	Phone:

APPLICANT QUALIFICATIONS
A. Is Applicant able to automatically and systematically provide two-sided markets during trading hours for the product(s) covered by the LMM Program?
B. Describe Applicant’s qualifications and relevant experience to perform the functions of an LMM under the LMM Program.

#### STAFFING

List the names, positions, and experience of each of Applicant's personnel that would directly support Applicant's performance of the functions of an LMM under the LMM Program.

#### CAPITAL

Describe the adequacy of Applicant's capital to perform the functions of an LMM under the LMM Program.

#### OPERATIONAL CAPACITY

Describe the operational capacity of Applicant to perform the functions of an LMM under the LMM Program.

#### COMMITMENTS

Describe any market performance commitments or commitments to promote CFE as the marketplace of choice in the product(s) covered by the LMM Program if appointed as an LMM under the LMM Program.

#### DISCIPLINARY ACTION

List any disciplinary action taken against Applicant or any individual named in this application within the prior 3 years. If any disciplinary action has been taken, describe in detail the circumstances surrounding each action and identify the organization or agency that issued the disciplinary action.

#### MISCELLANEOUS

Note any additional information that Applicant deems pertinent to this application.

I have carefully read the questions contained on this application and the responses provided to those questions. On behalf of Applicant, I represent that the responses provided and any other information provided to CFE on behalf of Applicant in connection with this application is current, accurate, and complete.

Signature of Authorized Officer, Partner, or  
Managing Member of Applicant

Date

Printed Name

Title