

ELX Risk Management System Registration Form

To be completed for each Primary Clearing Privilege Holder

Confidential Treatment requested by ELX Futures, L.P.

Primary Clearing Privilege Holder Name: _____

Primary Clearing Privilege Holder Number: _____

ELX Futures suggests that all Primary Clearing Privilege Holders register at least 2 ERMS Users

Authorized ERMS User Name: _____

Authorized ERMS User Address: _____

Authorized ERMS User Work Phone #: _____

Authorized ERMS User Alternate Phone # _____

Authorized ERMS User Email Address: _____

Requested ERMS User ID: _____

ERMS User ID is limited to 8 alphanumeric characters (ELX reserves the right to reject the request in the event that the User ID is already in use.)

By: _____

Name and Title of Designated Contact

Signature of Designated Contact

Date: _____

Completed forms should be returned to: ELX Futures, L.P. Attn: Barbara Nunez 110E.59th St. 6th-Floor, NY, NY 10022 or alternatively may be faxed to 212.294.8060