

Cboe Futures Exchange, LLC
Block Trade | ECRP Non-Affiliated Authorized Reporter Registration and Guarantee Form

Clearing Member Name
OCC Number(s)

The undersigned Authorized Signatory (Officer, Partner or Managing Member) of the Clearing Member hereby certifies that the individual(s) listed below (“Authorized Reporters”) 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 Authorized Reporters 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 Reporters that are not affiliated with the TPH specified below, but are affiliated with a different CFE TPH. All non-affiliated Authorized Reporter designations and deletions (including any termination of the guarantee provided for above) must be made solely through submission of this form.

Authorized Reporter (“AR”) Designation(s)			
<i>AR Name</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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			<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete

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

Completed by Second Authorized Reporter Named Above

Affiliated Entity	Date
Printed Name	Title
Email Address	Phone

Completed by Third Authorized Reporter Named Above

Affiliated Entity	Date
Printed Name	Title
Email Address	Phone

Completed by Fourth Authorized Reporter Named Above

Affiliated Entity	Date
Printed Name	Title
Email Address	Phone

Completed by Fifth Authorized Reporter Named Above

Affiliated Entity	Date
Printed Name	Title
Email Address	Phone

Completed by TPH for Which AR May Report Trades

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

Return form to: MembershipServices@cboe.com