Block Trade Authorization Form

Participant Information				
Name: _____(the "Participant")				
DCM Firm ID: _____		DCO Firm ID:_____		
Participant Type:	Direct Access ☐ Individual	☐ Entity	☐ Broker	☐ FCM

The Participant hereby certifies that:

i. It is:
   a. An Eligible Contract Participant, as such term is defined in Section 1a(18) of the Commodity Exchange Act; or
   b. A commodity trading advisory or investment advisor that is registered or exempt from registration as such, or a foreign person performing a similar role and subject as such to foreign regulation, with total assets under management exceeding $25 million;

ii. It will obtain all required authorizations prior to conducting a block trade on behalf of a customer, including the customer's instruction that the order is to be conducted as a block trade;

iii. The individual(s) listed in the table below ("Authorized Reporters") are authorized to report block trades to QCX LLC (d/b/a Polymarket US) (the "Exchange") on the Participant's behalf - the Exchange will then submit those trades to the Clearinghouse;

iv. It will, and will cause its Authorized Reporters to, report each block trade to the Exchange within the time period and in the manner prescribed by the Exchange; and

v. It accepts responsibility for trades reported by Authorized Reporters regardless of the accuracy of such reports.

This form is the sole method by which the Participant may authorize, deauthorize, or change information previously provided for Authorized Reporters. The Participant shall update any information provided for any Authorized Reporter whenever it changes. Any authorization, deauthorization, or change will become effective only upon the Exchange's receipt of a complete and executed copy of this form in the manner prescribed by the Exchange from time to time.

Authorized Reporters				
Name	Phone	Email	DCM User ID	Action
				☐ Authorize ☐ Deauthorize ☐ Change
				☐ Authorize ☐ Deauthorize ☐ Change
				☐ Authorize ☐ Deauthorize ☐ Change
				☐ Authorize ☐ Deauthorize ☐ Change

The undersigned hereby certifies that the Participant agrees to the terms and conditions set forth herein and that the undersigned is duly authorized to execute this form on behalf of the Participant.

Participant

By:
Title:
Email:
Phone: