



CME GROUP ASSISTANCE FUND, INC.

(CME, CBOT, NYMEX, COMEX)

About the Assistance Fund

The CME Group Assistance Fund, Inc. (CME, CBOT, NYMEX, COMEX) was established in 2001, following the September 11 terrorist attack on the World Trade Center, as a public charity designed to provide disaster relief and emergency hardship assistance for persons affiliated with the physical commodities industry.

Applications will be accepted from individuals who are a current CME, CBOT, NYMEX or COMEX member, a current employee of a CME, CBOT, NYMEX or COMEX member, a current employee of an exchange member firm, or a current CME Group employee. Applicants must provide recent proof of hardship and financial need resulting from Hurricane Sandy. Only one application per household will be considered.

Assistance will be determined based on the applicant's demonstration of need, the amount of funds raised through internal solicitation within CME Group and the number of verifiable applications received. Due to the anticipated volume of applications, we request that applicants be patient with the application review and fund solicitation process. Please note that submitting an application does not entitle any person to assistance and all requests for support are subject to review and approval by the Board of the Assistance Fund.

Hurricane Sandy Program Application

I. APPLICATION

A. Basic Applicant Information

Applicant's Name:

Applicant's Affiliation to the Exchange Community:

CME Group employee Member of: Exchange

Employee of Firm Other

Home street address:

City: State: Zip:

Phone #: Email Address:

B. Category of Applicant's Need:

Is your primary residence in a neighborhood that was flooded? Yes No

My primary residence was destroyed Yes No

The contents of my primary residence were significantly damaged Yes No

Other personal property was significantly damaged or destroyed Yes No

If yes, please specify:

C. Detailed Description of Need(s) Created by the Hardship and Amount of Associated Non-Reimbursable Damages Incurred:

Description of Need Created by the Hardship:

Will any of these needs be covered by insurance? Yes No

**If no, please attach supporting documentation such as letters from the insurance company*

Have you applied to FEMA for assistance? Yes No

I estimate that the approximate aggregate, uninsured and unreimbursed expense associated with the foregoing events (which I will revise if/when additional information becomes known to me) is: \$_____, including an insurance policy deductible of \$_____ which is not covered by any local, state or federal agency of third-party disaster relief program.

Amount of request:

D. Describe How Funds Will Be Used:

E. Financial Resources

Household Income:

Number of Dependents:

II. ADDITIONAL INFORMATION

Please Attach:

Recent pay stub or W2

The CME Group Assistance Fund reserves the right to request more documentary evidence to substantiate the foregoing statements.

III. ACKNOWLEDGMENT

The applicant agrees to provide receipts, photographs and/or other documentary evidence to substantiate the foregoing statements upon request by CME Group Assistance Fund, Inc. (CME, CBOT, NYMEX, COMEX).

The applicant understands that CME Group Assistance Fund, Inc. (CME, CBOT, NYMEX, COMEX) will rely upon the above representations in making a grant determination. By signing below, the applicant confirms the following:

- (i) the above representations are true and accurate and any misrepresentation of such information will disqualify me from any assistance,
- (ii) I have suffered a loss due to Hurricane Sandy as described above,
- (iii) I am a current CME, CBOT, NYMEX or COMEX member, an employee of a CME, CBOT, NYMEX or COMEX member, an employee of an exchange member firm, or a CME Group employee,
- (iv) I understand that grants are entirely discretionary and that I have no right to any grant, and
- (v) I agree to repay any funds obtained to the extent that the above need cannot be substantiated or relates to expenses that are covered by any other third-party source of funds (i.e., insurance or relief from another agency).

Applicant's Signature

Date

IV. INSTRUCTIONS

Please return this application and any supporting information to the following address:

CME Group Assistance Fund, Inc.
Attn: Nancy Choi
20 South Wacker Drive
Chicago, IL 60606
nancy.choi@cmegroup.com