



# Member Reporting System Access Request Form

CME Connect User ID Request Type			
<b>Add</b> <small>(New CME connect access)</small> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Change</b> <small>(additional system access)</small> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Delete</b> <small>(remove access)</small> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Resume</b> <small>(forgotten, lost or revoked access)</small> <input style="width: 40px; height: 20px;" type="checkbox"/>
Existing CME Connect User ID		<small>(Required if request is a Change, Delete, or Resume)</small>	

Member (or Clerk) User Information		
First Name/Middle Initial/Last Name/Suffix	Signature:	
Email Address	Business Phone (xxx) xxx-xxxx	Date

Exchange	Acronym	Broker Signature	Broker Access	Clerk Access

<b><u>Role Descriptions and instruction</u></b>
Please check off the role needed based on the following descriptions: 'Broker Access' is inclusive of all reports including Banking Statements (atom/Bps), 'Clerk Access' is all reports BUT the banking statements.

**Note:** Password resets over the phone require you to provide an answer to one of the following questions below:

On what street were you born?	
What is your favorite city?	
What is your pet's name?	
What secondary school did you attend?	

**For Direct Security Access Inquires contact the Customer Support Group at: 312-930-3444**  
**\*\*\*\* Fax all completed forms to (312) 338-2626\*\*\*\***

**\*\*\*\* If any of the information on this Form changes, you must promptly notify CME Group Inc. of the change. CME Group Inc. and its subsidiaries and affiliates are not responsible for any losses or damages resulting from use of the information on this Form by any individual granted access to such information by the party signing the Form. \*\*\*\***