



Equity Member Subscription Rate Program Application

Section 1

Applicant Details

Thank you for your interest in CME Group Inc.'s ("CME Group's") Equity Member Subscription Rate Program ("Program"). By completing this application, the equity member participant is requesting to enroll in the Program. Refer to Section 4 for applicable Program requirements. For further information on the Program, please refer to cmegroup.com/subscriptionrateprogram. If you have any questions, please contact the Concierge Team at +1 312 435 3555 or at conciergeteam@cmegroup.com.

1. Full Legal Name:

2. Please indicate the equity member participant's CME Group membership that will be participating in the Program (as applicable)

Corporate Equity Member Firm:

CME 106.J. Equity Member Firm
CBOT 106.J. Equity Member Firm (Full Division)
CBOT 106.J. Equity Member Firm (AM Division)
CBOT 106.S. Family of Funds Member Equity Member Firm
NYMEX 106.J. Member Firm

Clearing Equity Member Firm:

CME Clearing Member Firm
CBOT Clearing Member Firm
NYMEX Clearing Member Firm

CBOT Individual Equity Member (please indicate Division):

Full
AM
GIM
IDEM
COM

3. Main Contact Information

Name

Title

Phone Number

Email Address

Section 1 (continued)

Applicant Details (continued)

4. Please indicate the equity member participant's contact name(s) and email address(es) that will receive CME Group's monthly electronic billing statements (Note: CME Group recommends including a group distribution list, as applicable).

Contact Name	Email Address

5. Please indicate the equity member participant's clearing member firm(s).

Section 2

Attestation, Authorization and Agreement

I hereby make this application for participation in CME Group's Equity Member Subscription Rate Program. I attest that the information provided in this application is accurate and complete. I further acknowledge that confirming inaccurate and/or incomplete information may subject me to CME Group disciplinary action and/or penalties. Also, I acknowledge that failure to make the required subscription fee payments under the terms of the Program may lead to the participant's withdrawal as an equity member participant.

Signed: *(on behalf of the applicant *)*

Name (printed)

Title

Date

** Authorized Officer, Managing Member, Partner or Director*

Section 3

Auto Debit Form

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (DEBIT AUTHORIZATION IS NOT TRANSFERABLE OR NEGOTIABLE)

I hereby authorize CME Group Inc. to initiate debit entries to the checking account indicated below and the institution named below for the payment of amounts owed by this company to CME Group Inc., including its subsidiaries, Chicago Mercantile Exchange, Inc., The Board of Trade of the City of Chicago, Inc. and The New York Mercantile Exchange Inc.

I agree to instruct my bank to honor all such transfers. In the event a transfer is returned to CME Group Inc. dishonored and uncollected, the amount indicated on the transfer will be immediately due and payable, and further participation in this service may be terminated at the option of CME Group Inc. In the event I choose to discontinue this service, I agree to honor any transfers covering amounts due and owing to CME Group Inc. which have been drawn on my account prior to receipt by CME Group Inc. of written notice of such discontinuance.

I understand that CME Group Inc. reserves the right to cancel this service at any time upon written notice to my company. I also reserve the right to cancel my company's participation in this service by written notice.

I understand CME Group Inc. will debit Firm's bank account on the 25th day of the month.

I. BANK INFORMATION: (Please attach a voided check)

Name of Bank

City

State / Zip Code

Transit/ABA Number

Account Number

II. ACCOUNT INFORMATION

Firm Name

Firm Customer Number

Billing Address

City

State / Zip Code

Phone Number: (accounting)

Section 3 *(continued)*

Auto Debit Form (continued)

This authorization is to remain in effect until cancelled by either CME Group Inc. or the undersigned.

AUTHORIZED SIGNATURES

Signed: *(on behalf of the applicant *)*

Name (printed)

Title

Date

** Authorized Officer, Managing Member, Partner or Director*

Section 4

Equity Member Subscription Rate Program Details

CME Group Inc.'s ("CME Group's") Equity Member Subscription Rate Program ("Program") was established for clearing and corporate equity members of CME, CBOT and NYMEX and certain individual members of CBOT (collectively, "equity member participants") that are required to have assigned shares of Class A common stock of CME Group ("shares") for equity membership privileges. Under the terms of the Program, participants may, at their sole discretion, substitute the assignment of required shares by paying a monthly subscription fee.

An equity member firm may elect to participate in the Program for one or more Exchanges. Please note CME and CBOT non-equity member firms, COMEX member firms, and CME, NYMEX and COMEX individual members do not maintain a share requirement. For further information on the Program, please refer to www.cmegroup.com/subscriptionrateprogram.

Once an executed Program application has been received from an approved equity member participant, the application has been processed, and CME Group confirms the participant's initial payment amount, CME Group will approve the Program applicant effective the following business day. Please allow for 5-7 business days to process the application. In addition, upon final approval, CME Group will notify the applicant and will instruct its transfer agent, Computershare to reflect the applicable number of assigned shares as "unrestricted" as of the effective date. Please allow 1-5 business days for shares to be reflected at Computershare as "unrestricted".

Prior to approval in CME Group's Subscription Rate Program, the equity member participant must complete the following:

1. Submit a scanned copy of the completed application to CME Group's Concierge Team at conciergeteam@cmegroup.com or mail to the following address:

CME Group
c/o Concierge Team
20 S. Wacker Drive
Chicago, IL, 60606
2. The application should be complete and be signed by an authorized person of the equity member participant.
3. Submit the initial subscription fee payment. Refer to Payment Information section below for further details on the applicable subscription fee payment amount.
4. For equity member participants who will pay the required monthly subscription fee through CME Group's Auto Debit Program, complete Section 3, Authorization Agreement for Pre-Authorized Payments. For easy and efficient electronic processing of monthly subscription fee payments, CME Group will require participants, as applicable, to enroll in the auto-debit program. For additional questions on the CME Group Auto-Debit program, please contact CME Group Accounts Receivable at +1 312 338 2487 or at accountsreceivable@cmegroup.com.

Payment Information

An equity member participant electing to apply for the Program will be required to submit an initial subscription fee payment consisting of 1) current month subscription fee amount, 2) one subsequent month subscription fee amount and 3) one month subscription fee security deposit for each Exchange applied for prior to final approval. Refer to cmegroup.com/subscriptionrateprogram for subscription fee schedule.

Section 4 (continued)

Equity Member Subscription Rate Program Details (continued)

Note: CME Group will process a credit (as applicable) for the equity member participant's prorated initial current month subscription fee payment based on the number of calendar days during the initial current month that the equity member participant was not a participant in the Program. The credit will be applied towards the equity member participant's subsequent month subscription fee bill.

For each subsequent month enrolled in the program, CME Group will submit an electronic bill to the equity member participant on or around the fifth business day of the month for the subsequent month's subscription fee. The subsequent month's subscription fee will be due by the 28th of the month or will be auto debited on the 25th for participants enrolled in CME Group's auto debit program.

The following are CME Group's wire transfer instructions:

Wire Transfer Instructions:

BANK NAME:	JPM Chase Bank
ADDRESS:	270 Park Avenue New York, NY 10017
ABA (ROUTING):	021000021
SWIFT:	CHASUS33
ACCT:	066016010
NAME:	NYMEX General Account

Note: The equity member participant should inform CME Group's Concierge Team prior to the wire transfer and provide details such as amount, transfer date and the initiating bank in order to more easily confirm receipt of funds. In addition, the equity member participant should ensure the required subscription rate payment includes any wire transfer fees charged that may be charged by the initiating bank.