

SCHEDULE 11**CME CANCEL ON DISCONNECT REQUEST**

This Schedule 11 is being executed pursuant to the Customer Connection Agreement (the “Agreement”) between CHICAGO MERCANTILE EXCHANGE INC, a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. (“CME”) and _____ (“Customer”). Any capitalized terms not defined herein shall have the meaning set forth in Schedule 1 to the Agreement.

Limitation of Liability for COD Service

NOTWITHSTANDING SECTION 9 OF THE AGREEMENT, CME SHALL NOT BE LIABLE TO ANY PERSON FOR ANY LOSSES, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, LOSS OF USE, AND DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM CUSTOMER’S USE OF CANCEL ON DISCONNECT SERVICE.

Customers who wish to order COD Service must review this entire Schedule and provide all applicable information where requested. Please note that Clearing Firm must also sign this Schedule. Any changes to this Schedule after execution by CME, Customer and Clearing Firm must be completed on a new Schedule, to be executed by CME, Customer and Clearing Firm.

Please return completed documentation to:**North American Customers:**

CME Globex Account Management – CME Group
20 S Wacker Dr.
Chicago, IL 60606
Phone: 312.634.8700
Fax: 312.634.1568

European Customers:

Mark Vogel, CME Group European Office
London One New Change, 4th floor
London EC4M 9AF
Phone: +44.20.3379.3754
Fax: +44.20.3379.3888

Asian Customers: Kwong Cheng, CME Group Singapore Office

50 Raffles Place #47-01
Singapore Land Tower
Singapore 048623
Phone: +65. 6593.5574
Fax: +65.6593.5575

Section II: Cancel on Disconnect Contacts		
Please denote any individuals you want contacted for COD service updates/interruptions		
FIRM	NAME	EMAIL

Customer, Clearing Firm and CME have caused this Schedule 11 to be executed by their authorized representatives, to be effective as of the date executed by CME.

Customer

By: _____
 Name: _____
 Title: _____
 (Must be an authorized Officer)
 Date: _____

Clearing Firm

By: _____
 Name: _____
 Title: _____
 (Must be an authorized Officer)
 Date: _____