



## SCHEDULE 12

### DROP COPY SERVICE

This Schedule 12 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 of the Agreement.

“Drop Copy Service” means Customers’ use of one-way iLink® sessions that duplicate all iLink outbound execution and acknowledgment messages from one or more iLink sessions and bundle those messages to the dedicated drop copy session to provide Customers with aggregate position and settlement monitoring. Drop Copy Service is intended to be used only as a back-up system to iLink outbound execution and acknowledgment messages.

Drop Copy Service is subject to the applicable Customer Fees set forth in Exhibit A of the Agreement, as revised from time to time pursuant to Section 4 of the Agreement.

#### Limitation of Liability for Drop Copy 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 DROP COPY SERVICE.

Customers who wish to order Drop Copy Service must review this entire Schedule and provide all applicable information where requested. Any changes to this Schedule after execution by CME and Customer must be completed on a new Schedule, to be executed by CME and Customer.

#### **Please return completed documentation to:**

##### **North American Customers:**

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

##### **European Customers:**

CME Global Account Management - European Office  
Mark Vogel  
London One New Change  
4<sup>th</sup> Floor  
London EC4M 9AF  
Phone: +44.20.3379.3754  
Fax: +44.20.3379.3888

##### **Asian Customers:**

CME Global Account Management - Asian Office  
Kwong Cheng  
Singapore Land Tower  
50 Raffles Place #47-01  
Singapore 048623  
Phone: +65 6593 5574  
Fax: +65 6593 5575

**Section I: Customer Information**

Firm Name: \_\_\_\_\_

Firm Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section II.A. Drop Copy Group Request(s)**

*Please note that "Drop Copy Group Name" below should be preceded by the Customer name.*

*Example: "ABC Trading Drop Copy group alpha"*

ADD Drop Copy Group

DELETE Drop Copy Group

ADD / DELETE Authorized Contacts

Drop Copy Group Name: \_\_\_\_\_

Site ID to be charged for Drop Copy group: \_\_\_\_\_

Check here if this Site ID belongs to a Third Party

Check here and complete Exhibit A if you do not have a Site ID

*Note: If you checked the Third Party box, Authorized Officer signature will be required on page 3*

*Drop Copy Filter(s)—All Drop Copy Groups will get Execution Reports*

**Execution Reports** – Filled positions includes: Fill Notice, Partial Fill Notice for Outright, Spreads and Spread Leg Instruments. These messages include all fills and any trade bust messages generated by the Source session(s). These messages can be used to determine the trading customer's filled position.

**Check here if you also want to receive Acknowledgement messages.**

**Ack Messages** – Open positions includes: Order Acknowledgement, Cancel Confirmation, Cancel/Replace Confirmation and elimination Notice. These messages include all confirmation and elimination messages generated by the Source session(s). These messages can be used to determine the trading customer's open order position.

Clearing Firm Authorized Contacts listed in Section III must send a list of the iLink session IDs that should be enabled for this Drop Copy Group to their Global Account Manager

<input type="checkbox"/> ADD Drop Copy Group	<input type="checkbox"/> DELETE Drop Copy Group	<input type="checkbox"/> ADD / DELETE Authorized Contacts
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Drop Copy Group Name: \_\_\_\_\_

Site ID to be charged for Drop Copy group: \_\_\_\_\_

- Check here if this Site ID belongs to a Third Party
- Check here and complete Exhibit A if you do not have a Site ID

*Note: If you checked the Third Party box, Authorized Officer signature will be required on page 3*

*Drop Copy Filter(s)—All Drop Copy Groups will get Execution Reports.*

**Execution Reports**

**Check here if you also want to receive Acknowledgement messages.**

- Ack Messages

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Clearing Firm Authorized Contacts listed in Section III must send a list of the iLink session IDs that should be enabled for this Drop Copy Group to their Global Account Manager

<input type="checkbox"/> ADD Drop Copy Group	<input type="checkbox"/> DELETE Drop Copy Group	<input type="checkbox"/> ADD / DELETE Authorized Contacts
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Drop Copy Group Name: \_\_\_\_\_

Site ID to be charged for Drop Copy group: \_\_\_\_\_

- Check here if this Site ID belongs to a Third Party
- Check here and complete Exhibit A if you do not have a Site ID

*Note: If you checked the Third Party box, Authorized Officer signature will be required on page 3*

*Drop Copy Filter(s)—All Drop Copy Groups will get Execution Report.,*

**Execution Reports**

**Check here if you also want to receive Acknowledgement messages.**

- Ack Messages

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Clearing Firm Authorized Contacts listed in Section III must send a list of the iLink session IDs that should be enabled for this Drop Copy Group to their Global Account Manager

**Section II.B. Change Drop Copy Group Site ID**

*To change the Site ID that the Drop Copy Group is associated with, you must complete this section by providing the OLD site ID and the NEW site ID.*

Drop Copy Group Name: \_\_\_\_\_

Site ID Currently being charged for the Drop Copy Group: \_\_\_\_\_

New Site ID that should be billed for the Drop Copy Group: \_\_\_\_\_

Effective Date: : \_\_\_\_\_

**Section III: Clearing Firm Authorization**

**A. The Clearing Firm authorizes CME to grant (or remove) configuration requests for the above mentioned Drop Copy group(s) with approval of the Clearing Firm employees listed below. Please authorize at least two individuals. These individuals will be responsible for identifying the source session IDs and level of messaging required for each Drop Copy group listed above.**

ADD Authorizer

REMOVE Authorizer

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code : \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ADD Authorizer

REMOVE Authorizer

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code : \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ADD Authorizer

REMOVE Authorizer

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code : \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Customer, CME, Clearing Firm and, if applicable, Third Party have caused this Schedule 12 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: \_\_\_\_\_

**Third Party:** \_\_\_\_\_  
By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
(Must be an authorized Officer)  
Date: \_\_\_\_\_

**EXHIBIT A  
DROP COPY SERVICE BILLING**

This Exhibit A is being executed pursuant to Schedule 12 of 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. and the Customer listed below in Section I.

**Section I: BILLING CONTACT INFORMATION**

*All customers required to complete this section*

Customer Billing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Customer Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Section II: BANK AND ACCOUNT INFORMATION: (Customers being billed directly must complete this section)**

*Note: a voided check from the account must be attached for verification purposes*

Name on Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**INTERNATIONAL CUSTOMERS:** Please Remit Payment Using these Wire Instructions:

Chicago Mercantile Exchange Inc.

Tax ID: 36-4340266

Bank Name: JP Morgan Chase Bank

Address: 270 Park Avenue, New York, NY 10017

ABA#: 021000021

Acct #: 887294601

Acct Name: Chicago Mercantile Exchange Inc.

SWIFT Code: CHASUS33