

## SCHEDULE 5

### **ADDITIONS, DELETIONS, CHANGES, TRANSFERS AND ASSIGNMENT**

This Schedule 5 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”).

This Schedule contains the following Exhibits:

Exhibit A: Additions, Deletions and Changes – This Exhibit should be completed by existing Customers.

Exhibit B: Assignment and Transfers – This Exhibit should be completed by Customers who are assigning the Agreement or transferring ownership of existing CME connections, to a new entity.

**EXHIBIT A**  
**ADDITIONS, DELETIONS AND CHANGES**

This Exhibit A is being executed pursuant to Schedule 5 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.

<b>Section I: CUSTOMER INFORMATION</b>
Customer Name: _____
Customer Address: _____
City: _____ State/Province: _____ Country: _____
Floor/Suite: _____ Postal Code: _____ Phone Number: _____
<b><u>Customer Contact</u></b>
Name: _____ Title: _____
Phone: _____ Mobile: _____ E-mail: _____
<b><u>Technical Contact</u></b>
Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

## Section II: DELETE CIRCUIT REQUEST

Site ID(s) (circuit number): \_\_\_\_\_

Current Connectivity Method:

- CME Globex Hub
- CME DIRECTLink (CME Managed Circuits/Routers)
- Client INTERNETLink
- CME LNet
  - DRT
  - Equinix
  - Savvis
  - telx
  - Open
- Jackson Direct
  - Cogent
  - Fibernet

Reason for Delete (*Please ensure box is checked*)

- Migration (CME DirectLink to CME LNet, Client InternetLink to CME DirectLink)
- Consolidation
- No longer cost effective
- No longer using the connection
- Company no longer in business
- Deleted by CME Group
- Other \_\_\_\_\_

CME Globex Hub City: \_\_\_\_\_

Data Centers: \_\_\_\_\_

Circuit ID(s): \_\_\_\_\_

Current Circuit Use:

- Market Data
- Order Routing
- Clearing

**Section III: MOVE CIRCUIT REQUEST**

**A. Move CME DIRECTLink**

**New Installation Site**

New Address: \_\_\_\_\_

New City: \_\_\_\_\_

New State/Region: \_\_\_\_\_

New Country: \_\_\_\_\_

New Postal Code: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

Local Phone Company: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**B. Move CME LNet**

**Existing Location:**

Site ID: \_\_\_\_\_

Floor & Suite: \_\_\_\_\_

Cabinet & Rack Location: \_\_\_\_\_

Third Party Participant: \_\_\_\_\_

**New Location:**

Floor & Suite: \_\_\_\_\_

Cabinet & Rack Location : \_\_\_\_\_

Third Party Participant: \_\_\_\_\_

**C. Move Jackson Direct**

**Existing Location:**

Site ID: \_\_\_\_\_

Floor & Suite: \_\_\_\_\_

Cabinet & Rack Location: \_\_\_\_\_

Third Party Participant: \_\_\_\_\_

**New Location:**

Floor & Suite: \_\_\_\_\_

Cabinet & Rack Location : \_\_\_\_\_

Third Party Participant: \_\_\_\_\_

**Section IV: UPGRADE CIRCUIT REQUEST**

**A. Upgrade CME DIRECTLink (CME Managed Circuit) (Bandwidth)**

Site ID: \_\_\_\_\_

Indicate Current Bandwidth \_\_\_\_\_

Frame Connections: \_\_\_\_\_

*( Frame connections upgrading to Ethernet–require a new circuit installation and a 12 month commitment)*

T1

Ethernet Connections:

20Mb Ethernet

40Mb Ethernet

100Mb Ethernet (*upgrades to 100Mb are subject to a new 12 month commitment*)

Special Instructions: \_\_\_\_\_

**B. Upgrade CME Globex Hub Connection**

Site ID: \_\_\_\_\_

Current Bandwidth: \_\_\_\_\_

**Upgrade to:**

Select City, Data Center, Telecommunications Provider and Bandwidth: \_\_\_\_\_

Order number: \_\_\_\_\_

- a.  London CME Globex facility  
 CME London facility \_\_\_\_\_  
 VZB London facility \_\_\_\_\_

- b. Check One:  Amsterdam  Dublin  Milan  Paris  Sao Paulo  
 VZB facility \_\_\_\_\_  
 Sprint facility \_\_\_\_\_

- c.  Singapore CME Globex Hub  
 AT&T facility \_\_\_\_\_  
 NTT facility \_\_\_\_\_

- d.  Seoul CME Globex Hub  
 VZB facility \_\_\_\_\_  
 NTT facility \_\_\_\_\_

**C. Upgrade CME LNet**

Site ID: \_\_\_\_\_

**Upgrade to:**

- 100 Mb Ethernet

Floor and Suite Location: \_\_\_\_\_

Cabinet and/or Rack Location: \_\_\_\_\_

If space is leased through third party, please name: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**D. Upgrade Jackson Direct**

Site ID: \_\_\_\_\_

**Upgrade to:**

- 100 Mb Ethernet

Floor and Suite Location: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Section V: ADD/DELETE CME INTERFACE OPTIONS**

**Reminder: Subscribers of Swapstream® must complete all related legal agreements specific to their services. Contact your account manager to determine what is required.**

Site ID: \_\_\_\_\_  
Bandwidth: \_\_\_\_\_

Interface Option Adding:             iLink® 2.X (Order Execution)  
    Market Data Platform  
    CME EOS Trader™  
    Clearing Related Processing

Interface Option Deleting:            iLink® 2.X (Order Execution)  
    Market Data Platform  
    CME EOS Trader™  
    Clearing Related Processing

**Section VI: CHANGE IN BANK AND ACCOUNT AUTO-DEBIT INFORMATION**

All fees will be auto-debited from the bank account identified below. *A voided check from the account must be attached to this Access Request and Change Form for verification purposes.*

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

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

Bank Address: \_\_\_\_\_

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

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

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

Account Number: \_\_\_\_\_

**Section VII: NAME CHANGE ONLY (For CME circuit assignments to a different Firm complete Exhibit B)**

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

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

Reason for Name Change: \_\_\_\_\_

Customer and CME have caused this Exhibit A to be executed by their authorized representatives, to be effective as of the date executed by CME.

**Customer**

**Chicago Mercantile Exchange Inc.**

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Title: \_\_\_\_\_  
(Must be an authorized Officer)

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

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

**Please return completed documentation to:**

CME Globex Account Management 20 S Wacker Dr., 9 North Chicago, IL 60606 Phone: 312.634.8700 Fax: 312.634.1568	CME Globex Account Management - European Office Mark Vogel Watling House 33 Cannon Street London EC4M 5SB Phone: +44.20.7796.7100 Fax: +44.20.7796.7110
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CME Globex Account Management – Asian Office Kwong Cheng Level 39, One Exchange Place 8 Connaught Place Central Hong Kong Phone: +852.3101.7696 Fax: +852.3101.7698
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**EXHIBIT B  
ASSIGNMENT & TRANSFERS**

This Exhibit B is being executed pursuant to Schedule 5 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 ("CME") and the Customer listed below in Section 1. This Exhibit should be completed by Customers who are assigning their existing CME connections to a new entity.

**Section I: ASSIGNMENT OR TRANSFER**

Check the appropriate box below:

- This is a request for an assignment of the Agreement  
 This is a request for a transfer of ownership for an existing connection

**Section II: EXISTING CUSTOMER INFORMATION**

**A. Name and Location:**

Customer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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

**B. Contact Information:**

Primary Contact: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_

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

**Section III: NEW CUSTOMER INFORMATION**

**A. Customer Name and Location Information**

Customer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**B. Contact Information**

Primary Contact: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_

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

**C. Billing Address**

Customer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**D. Clearing Information for New Customer**

Class A Clearing Firm Name: \_\_\_\_\_ Class A Clearing Firm # \_\_\_\_\_

Sub/Affiliate Name: \_\_\_\_\_ Sub/Affiliate # \_\_\_\_\_

Main Phone: \_\_\_\_\_

**E. Bank and Account Information of new Firm**

**1. If Company will be billed directly, provide the following account auto-debit information:**

Company billing Contact: \_\_\_\_\_

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

Name of Bank used by Company: \_\_\_\_\_

Name on Bank Account: *(a voided check from the account must be attached for verification purposes):*

\_\_\_\_\_

Bank Address: \_\_\_\_\_

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

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

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

**2. If a person or entity other than Company will be billed, provide the following information:**

Name of CME Account to be billed\* \_\_\_\_\_

CME Account Number: \_\_\_\_\_

\* The person /entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.

**Section IV: Connectivity Information:**

Site ID: \_\_\_\_\_

CME DIRECTLink Bandwidth: \_\_\_\_\_

CLIENT INTERNETLink Bandwidth: \_\_\_\_\_

CME Globex Hub Country: \_\_\_\_\_

CME LNet Bandwidth: \_\_\_\_\_

Jackson Direct Bandwidth: \_\_\_\_\_

CME CERTLink

Existing Customer (assignor), New Customer (assignee), Clearing Firm of New Customer and CME have caused this Exhibit A to be executed by their authorized representatives, to be effective as of the date executed by CME.

**Existing Customer (assignor)**

**Chicago Mercantile Exchange Inc.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(*must be an authorized officer*)

Title: \_\_\_\_\_

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

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

**New Customer (assignee)**

**Clearing Firm of New Customer**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(*must be an authorized officer*)

Title: \_\_\_\_\_  
(*must be an authorized officer*)

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

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

**Please return completed documentation to:**

<p>CME Globex Account Management 20 S. Wacker Dr., 9 North Chicago, IL 60606 Phone: 312.634.8700 Fax: 312.634.1568</p>	<p>CME Globex Account Management - European Office Mark Vogel Watling House 33 Cannon Street London EC4M 5SB Phone: +44.20.7796.7100 Fax: +44.20.7796.7110</p>
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