



## 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.

Notwithstanding anything to the contrary in the Customer Connection Agreement, billing for connectivity will begin on the date that successful testing of the connection is completed.

<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 NYDR VPN
- CME LNet
  - DRT
  - Equinix
  - Savvis
  - telx
  - Open
- Jackson Direct
  - Cogent
  - Fibernet
- CME GLink
- CME EConnect
  - telx
  - Sidera

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

- Migration to:
  - CME Glink
  - CME LNet
  - CME DIRECTLink
  - CME EConnect
  - Other (please indicate) \_\_\_\_\_
- Consolidation
- No longer cost effective
- No longer using the connection
- Company no longer in business
- Deleted by CME Group
- Other \_\_\_\_\_

**Section III: MOVE CIRCUIT REQUEST**

**A. Move CME DIRECTLink**

**Existing Location:**

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

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

New Location: \_\_\_\_\_

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

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

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

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

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

On-site Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

**D. Move CME GLink**

**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/DOWNGRADE 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 / Downgrade CME Globex Hub Connection**

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

**Upgrade / Downgrade to:**

Select City, Data Center and providetelecommunications pProvider and bandwidth:

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

a.  London CME Globex facility

Verizon/UK5London

facility

Interoute/GlobalSwitch

London

facility

b. Check One:  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 \_\_\_\_\_

e.  Kuala Lumpur CME Globex Hub

AIMS facility \_\_\_\_\_

Cyberjaya facility \_\_\_\_\_

f.  Mexico City CME Globex Hub

REDit Data Center \_\_\_\_\_

[ ] KIO Data Center \_\_\_\_\_

**C. Upgrade / Downgrade CME LNet**

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

**Upgrade to:**

100 Mb Ethernet

Downgrade to:

40 Mb Ethernet

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

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

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

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

**D. Upgrade /Downgrade Jackson Direct**

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

**Upgrade to:**

100 Mb Ethernet

Downgrade to:

40 Mb Ethernet

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

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

**E. Upgrade / Downgrade CME GLink**

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

**Upgrade to:**

10 Gbps inbound rate limited to 1 Gbps

**Downgrade to:**

1 Gbps

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

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

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

**Section V: 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 VI: NAME CHANGE (To assign your Connection Agreement or to transfer a circuit to a different firm please complete Exhibit B)**

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

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

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

Customer has caused this Exhibit A to be executed by its authorized representative, to be effective as of the date received by CME.

**Customer**

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

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

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

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

**Please return completed documentation to:**

CME Global Account Management 20 South Wacker Chicago, IL 60606 Phone: 312.634.8700 Fax: 312.634.1568	CME Global Account Management European Office One New Change 4th Floor London EC4M 9AF Phone: +44.20.3379.3754 Fax: +44.20.3379.3888
---	--

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

**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(s): \_\_\_\_\_

CME DIRECTLink       CLIENT INTERNETLink

CME Globex Hub       CME LNet      \_\_\_\_\_

Jackson Direct       CME CERTLink

CME EConnect       CME GLink

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

**Existing Customer** (assignor)

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

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

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

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

**New Customer** (assignee)

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

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

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

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

**Please return completed documentation to:**

CME Global Account Management 20 S Wacker Dr., Chicago, IL 60606 Phone: 312.634.8700 Fax: 312.634.1568	CME Global Account Management - European Office  One New Change 4th Floor London EC4M 9AF Phone: +44.20.3379.3754 Fax: +44.20.3379.3888
--	---

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