

SCHEDULE B

CERTIFICATION ENVIRONMENT ACCESS REQUEST AND CHANGE FORM

This Schedule **B** is being completed pursuant to the Globex Interface Development 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 _____ ("Company"). Any capitalized terms not defined herein shall have the meaning set forth in Schedule A of the Agreement.

Company acknowledges and agrees that it will pay the Fees for each completed Certification Environment Access Request and Information Form. Certification Environment access requests for each location must be made on a separate form, which can be obtained at <http://www.cmegroup.com/connectionagreement>, or by contacting your CME Globex Account Manager at 312-634-8700.

Prior to completing this form, Company is encouraged to read the CME Certification Environments Network Connection Guide which can be found at <http://www.cmegroup.com/certsdk>.

Section I: COMPANY INFORMATION			
A. General Information (All Companies)			
Company Name: _____			
Company Address: _____			
Floor/Suite: _____	City: _____	State/Province: _____	
Country: _____	Postal Code: _____	Phone Number: _____	
Billing Address (if different from address above): _____			
Floor/Suite: _____	City: _____	State/Province: _____	
Country: _____	Postal Code: _____	Phone Number: _____	

B. Connectivity Information – Company Site Details *(All Companies)*

Site Address: _____ (the "Premises")

Floor/Suite: _____ Cage/Closet: _____ City: _____

State/Province: _____ Postal Code: _____

Country: _____ On-Site Phone Number: _____

Primary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Secondary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Local Phone Company: _____

C. Detailed Installation Instructions (e.g., closet location, inside wiring instructions, building access, etc.)

Section II: BANK AND ACCOUNT INFORMATION

This section not applicable if choosing either the CERT VPN or BTR CERTLink connectivity option.

A. 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: _____

B. 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 III: NEW – CERT NETWORK ACCESS REQUESTS
Check the box of the Connectivity Option(s) in which you are interested.

A. CERT VPN

Company connects to CME via secure tunnel over Internet. This is a Client-Managed option.
If choosing this option, please complete Exhibit B.1 and submit with this form.

B. CME CERTLink (applicable to U.S. Companies only): CME-Managed Network*

Option 1 – 40 Mb Ethernet
Includes one primary router and circuit delivered to Companies residing in CME identified “Lit” buildings. *Building must provide access to CME authorized carriers.*

Option 2 – 40 Mb Ethernet
Includes primary & secondary routers and circuits of the same bandwidth delivered to Companies residing in CME identified “Lit” buildings. *Building must provide access to CME authorized carriers.*

** Inside wiring is the responsibility of Company.*

C. CME London CERTLink

Option 1 – One circuit and carrier
Bandwidth: _____ Mb Carrier: _____ }

Option 2 – Two circuits of the same bandwidth delivered by two different carriers
Bandwidth: _____ Mb Carrier for circuit (a): _____
Carrier for circuit (b): _____

Date circuit(s) ordered (if available): _____

Carrier Order Number(s) (if available): _____

Please note: Carriers should deliver circuit(s) to the Verizon Data Center, 2-6 St. Pancras Way, London, England and the demarcation should be: UK5, 2nd floor, Room 2.07, cabinet 110.17.

D. BTR CERTLink

Company connects to CME via BT Radianz. This is a Client-Managed option. BTR will bill Company directly. Please complete billing information below in order for BTR to process:

Company Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

1. Company status: New BTR customer 2. Bandwidth subscription: 10 Mb
 Existing BTR customer 20 Mb
 40 Mb

Please complete Exhibit B.2 and submit with this form. Total bandwidth is dependant upon feeds selected on Exhibit B.2. Minimum bandwidth offered with this option is 10 Mb.

Section IV: CHANGE – CERT NETWORK ACCESS REQUESTS

A: Delete or Upgrade

Current CME Site IDs to be changed: Primary _____ Secondary (if applicable) _____

- Delete Certification Connectivity
 - CERT VPN
 - CME CERTLink
 - CME London CERTLink
 - BTR CERTLink

- CME London CERTLink
Upgrade or Downgrade

Current Bandwidth	Requested Bandwidth
_____ Mb	_____ Mb

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

- No longer using the connection for development
- Customer has more than one CERT VPN connection
- Company no longer in business
- Deleted by CME Group
- Consolidation
- Other _____

B: Name Change

Name: _____

Effective Date: _____

Reason for Name Change: _____

Company and CME have caused this Schedule B to be executed by their authorized representatives, to be effective as of the date executed by CME.

Company

Chicago Mercantile Exchange Inc.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

(Must be an authorized Officer)

Title: _____

(Must be an authorized Officer)

Date: _____

Date: _____

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 Globex Account Management – European Office
Watling House, 33 Cannon Street
London EC4M 5SB, UK
Phone: + 44 20 7796 7100 Fax: + 44 20 7796 7110

Asian Customers:

Kwong Cheng
CME Globex Account Management – Singapore Office
Singapore Land Tower
50 Raffles Place #47-01
Singapore 048623
Phone: +852 3101 7696 Fax: +852 3101 7698

EXHIBIT B.1

<p>CHICAGO MERCANTILE EXCHANGE INC.</p> <p>Request for</p> <p>VPN CONNECTIVITY to the CME CERTIFICATION Environment</p>
<p>Prior to completing this form, the Company is encouraged to read the <i>CME Certification Environments Network Connection Guide.</i></p> <p><i>Reminder:</i> Cert MDP subscribes to multiple channels & CME recommends a 2 router configuration to more accurately reflect the Production Environment.</p>

Company Profile	
Company Name:	
Preferred implementation date:	
Physical address of VPN Site:	
Company Project Manager:	
Phone number:	
Email address:	
Contact hours/time zone:	
Primary Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
Backup Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
Is VPN Consulting Contact recommendation needed:	

Company VPN Device Profile	
Manufacturer of VPN device:	Cisco Router (preferred) <input type="checkbox"/> Cisco PIX Firewall <input type="checkbox"/> Checkpoint Firewall <input type="checkbox"/>
Model of VPN device:	
Version of VPN software (minimum 12.2.11.T1 if Cisco IOS):	
Source Public IP Address assigned to VPN device:	
Is VPN device currently in use for other VPN connections:	
CME Encryption Requirements (all must be checked)	
VPN Software Supports Preshared Keys for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports MD5 Encryption for IPSec?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for IPSec?	<input type="checkbox"/>
Company Addressing Scheme	
<u>Select one of the following Source Addressing Schemes:</u>	
Company will NAT their Source Addressing to CME provided addressing	<input type="checkbox"/>
CME provided addressing will be used on Company Source devices	<input type="checkbox"/>

CME use only	
Globex Account Management contact:	
Date initial request was received:	
Date request was approved:	
Company Network Diagram attached:	

EXHIBIT B.2

BTR CERTLink Technical Specifications

Total bandwidth needed is dependant upon feeds selected. Minimum bandwidth offered with the BTR CERTLink option is 10 Mb.

1. Please provide the customer source IP: _____

2. Below, please choose the feeds you wish to receive:

√	#	Description	Associated Service Access Name	Suggested Bandwidth	Client Multicast IGMP Join Type
<input type="checkbox"/>	1	Includes all MDP Certification and New Release Channels. Does not include Replay Channels.	CME_MC_NRCert	25 Mbps	Multicast
<input type="checkbox"/>	2	Includes all FIX Fast Channels, including Replay.	CME_MC_NRCert_FIXFAST	15 Mbps	Multicast
<input type="checkbox"/>	3	Replay channels for MDP Certification and New Release only (no FIX Fast).	CME_MC_NRCert_Rep	8 Mbps	Multicast
<input type="checkbox"/>	4	Includes all MDP Certification and New Release unicast servers and Mediators, excluding Replay Request hosts.	CME_NRCert_All	2 Mbps	Unicast
<input type="checkbox"/>	5	Includes all MDP Certification and New Release Replay hosts.	CME_NRCert_Rep	128 K	Unicast
<input type="checkbox"/>	6	Includes all FIX Fast unicast servers and Mediators, including Replay Request hosts.	CME_NRCert_FIXFAST_All	1 Mbps	Unicast

EXHIBIT B.3
ASSIGNMENT & TRANSFERS

This Exhibit B is being executed pursuant to Globex Interface Development 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 VPN

CME CERTLink

CME London CERTLink

BTR CERT Link

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:

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
---	---

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